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Leprosy in Korea: A Global History

A dissertation submitted in partial satisfaction of the
requirements for the Doctor of Philosophy in
Asian Languages and Cultures

by

Jane Sung Hae Kim

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ABSTRACT OF THE DISSERTATION

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Doctor of Philosophy in Asian Languages and Cultures

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Professor John B. Duncan, Chair

This dissertation examines the questions concerning the writing of history of leprosy and of diseases in Korea. In this dissertation, I argue that despite the wealth of literature available on the history of leprosy around the world, there has been little examination of the very act of writing history of disease. I present the Korean history of leprosy as case study for exploring the limitations, problems and strengths in writing history of disease. Korea is a good place to examine these questions as Korea was not colonized by a Western power and does not have tropical climate. Western imperialism and tropical disease have been two concepts most frequently used to explain the history of leprosy. As Korea has neither of these two conditions, the Korean history of leprosy presents interesting challenges and provokes further questions as to whether a history of leprosy can be written. 'Can history of leprosy be written?' is a question that is explored through Korean history of leprosy from the pre – modern Chosŏn to post – Korean era that is examined in this dissertation.

The dissertation of Jane Sung Hae Kim is approved

Mariko Tamanoi

Namhee Lee

John B. Duncan, Committee Chair

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This dissertation is dedicated to Kim Choon Ho and Kwon Hee

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Introduction

Towards A 'Global' History of Leprosy

Should there be a global history of leprosy? And if so, how should a global history that is neither exclusively national nor colonial yet still avoiding the pitfalls of 'universal' be written? Since the famous observation by Foucault of the disappearance of leper asylums in Europe, for the past two decades, there has been a steady production of works on the history of leprosy in various regions around the world. Indeed, when Meagan Vaughan showed in her pioneering study of the relations between biomedicine and colonialism in the missionary leprosy works carried out in Africa, others have also pursued similar case histories of leprosy in the former colonies of British, French, Dutch, Portuguese and American empires.[1] East Asia has been no exception to the growing interest in the topic and within the English language scholarship, Susan Burns and Angela Leung have respectively contributed their timely and much needed studies on the history of leprosy in Japan and China.[2] Also, it has been more than ten years since International Leprosy Association began their "Global Project on the History of Leprosy" and

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[1] Megan Vaughan, Curing their ills: colonial power and African illness (Stanford: Stanford University Press, 1991).

[2] Susan Burns, "From 'Leper Villages' to Leprosaria: Public Health, Medicine, and the Culture of Exclusion in Japan." In Alison Bashford and Carolyn Strange eds. *Isolation: Policies and Practices of Exclusion*. London: Routledge, 2003.; *Ibid*, "Rethinking "Leprosy Prevention": Entrepreneurial Doctors, Popular Journalism and the Civic Origins of Biopolitics." *Journal of Japanese Studies*, 38 no.2 (2012): 303.; Angela Ki Che Leung, *Leprosy in China: A History*. (New York: Columbia University Press, 2009).

with Jo Robertson's forthcoming *When the Best is the Enemy of the Good: International Work Against leprosy 1948 – 2005,* it indeed, appears a global history of leprosy is one step closer to becoming reality.

However, despite the plethora of works on history of leprosy in all regions around the world, which lends all the more credence to the appeal and argument of biopolitics of empires producing exclusionary measures such as segregation of leprosy patients, we have yet to ask whether this frame of 'biopolitics' and 'empire' can universally be applied to all regions, to different historical contexts and towards incommensurate languages and cultures. The obvious answer is that it ~~does~~ cannot and yet, the strong allure of reading the evidence of biopolitics in fragments of materials generated by colonial and post – colonial powers has~~ve~~ made researchers uphold rather than raise critical questions on the validity of biopolitics as the most dominant frame for reading the history of disease, medicine and socio – cultural practices called 'leprosy' in the modern world. Susan Burns raises similar doubts in her new article, "Rethinking "Leprosy Prevention": Entrepreneurial Doctors, Popular Journalism and the Civic Origins of Biopolitics" and Angela Leung astutely avoids this trap of universality by offering 'different' and 'parallel' history of leprosy in 'China.' And as for myself, I only stumbled onto this question after a long period of uncritically consuming works on leprosy as interpreted through the lens of biopolitics of empire and yet still being left dissatisfied with the explanations given. Indeed, how could the history of leprosy control in Ethiopia, India and even Brazil be 'same' for Korea? It was only after making the recognition that applying a theory that had been developed within specific intellectual traditions and answering to specific historical and cultural questions might not necessarily work for Korea that my dissertation inquiry and research began in earnest.

As stated in the title page, this dissertation is 'a global' history of leprosy in Korea. However, this is a global history with a question mark. That is, in this dissertation, I explore the very question of 'writing' a history of leprosy, whether the very act itself is possible and if so, 'how' can we write a history of leprosy and of diseases? In my dissertation I raise this very question of feasibility and the very hows of writing of a history of leprosy, because I believe many works on the topic have been driven by the impulse to answer 'what is the history of leprosy' rather than address the doubts and skepticisms embedded in the question of 'how can a history of leprosy be written?' The difference between 'what' and 'how' can seem minute and yet when pursued as sustained inquiry over period of time, it can produce some of the most startling 'discoveries.' This was the case when it dawned on me that 'mundungbyŏng,' a Korean vernacular term accepted as 'leprosy' may not necessarily have been 'leprosy,' as we know it today, or that oral testimonies of leprosy patients do not constitute the most definitive history of leprosy and that concerns for human rights of leprosy patients should not be the only impetus for producing historical works on leprosy are some of the unsettling and uneasy truths I was able to beget as result of putting the history of leprosy in Korea under the very question of 'how.' When I finally became aware that biopolitics – driven inquiries into the history of leprosy have produced at times symptomatic readings of socio – cultural practices of exclusion but not necessarily a history of medical practices and rationales, I felt as if blindfolds were finally being taken off my eyes. In other words, what I 'discovered' through asking 'how can we write a history of leprosy,' was the realization that in most of the literature on leprosy today, what we have is a social and cultural history of medicine, but not necessarily a history of medicine itself.

The recognition of the absence of history of medicine in the writings on the history of leprosy in Korea and Japan in particular, have led me to search for a historical frame or unit

within which I can further pursue the question of 'how' to write a history of leprosy in Korea. After much inquiry, the suggestion I can offer here is reading of 'the global' in 'a history' such as that of leprosy in Korea. I think 'biopolitics' works best and produces some of the most compelling results in 'closed' spaces or when 'space' is understood as a static and fixed entity. I think that is why studies into disciplinary powers as exercised in 'isolated' spaces such as hospitals, prisons, schools and sanitariums, including leprosaria, have been so popular as to seems to provide a clear connection between these remote places and the birth of the powers of the modern state, whether it be colonial, imperial, national or post – colonial. Yet, when 'space' is opened to become impermanent, transitional and in motion, many of the assumptions on the permanence of these disciplinary powers fall apart and threaten its claims of connections with the modern state. After all, states do not simply derive their power, authority and legitimacy from disciplinary powers alone but from a myriad of sources. As there are many transnational and globalization studies that have posed the question on the multiple definitions of space better than the one I have posed above, I will not go further, except to say that recognizing the reading of history of disease as 'global' rather than exclusively national or colonial experiences has been one of the most liberating and satisfying experiences I have had for quite sometime.

And it is on this very task of providing a different explanatory frame for reading the history of diseases such as leprosy that I have experimented with the following five chapters on the history of leprosy in Korea. Although each chapter addresses different time, space, actors and agencies in the Korean history of leprosy, fundamentally, they all ask the same question of 'how' can a history of disease such as history of leprosy be written for Korea and for other places? In fact, to address the strength and limitations in the writing of history of leprosy, Korea is indeed, one of the best places in the world to begin the inquiry as Korea had not been

colonized by a Western imperial power and does not possess a 'tropical climate' to make facile assumptions between Western colonialism and 'tropical diseases.' Just how many works have used the explanation of Western imperialism and or colonialism and 'tropical diseases' to explain history of leprosy? Indeed, 'the problem' or 'flaws' of the Korean history of leprosy, which had once given me endless nightmares as it did not 'fit' into the standing theoretical works and explanations, has now become such a blessing as it has propelled me towards raising questions about the very limitations in the practice of writing history of leprosy. Can a history of leprosy be written? Should it be written? And how?

As mentioned above, throughout the five chapters of this dissertation, I entertain this question of 'can' and 'how' of writing history. Chapter 1 asks whether there has been a history of leprosy in Korea and what are some of the problems associated with assuming the existence of a singular concept of disease since time immemorial as in the case of *'mundungi,'* the Korean vernacular expression that has been translated into English as 'leper.' By tracing the historical development of the term I offer different readings and pose questions on pre – modern Korean historical records that have until now been accepted as evidence of existence of 'leprosy' in Korea. By showing different possibilities, the conclusion of the chapter poses one very important question that has been overlooked in the current global productions on the history of leprosy – 'translation.' The lack of recognition of the vital importance of 'translation' in universalizing a particular term such as 'leprosy' has been astounding. Works on leprosy, particularly those that explore Western colonial works on leprosy, assume the very translatability of 'leprosy' rather than posing questions as to whether it can be done. The assumption of translatability of leprosy, I believe derives from Western humanistic belief in universal human values and of the fundamental sameness of human practices. Hence, writers can find the 'same'

human prejudices and social discriminations around the world and speak of the universal application of particular theoretical explanations.

By assuming the translatability of 'leprosy,' another question that had not been explored in leprosy studies has been 'how' then the 'universality' of the term 'leprosy,' that is, 'how' did the 'translation' of 'leprosy' took place. This is where I offer my reading of 'geo – spatial' imagination of leprosy as 'southern disease.' From my reading of the testimonies of North Korean leprosy patients to Korean historians of medicine and leprologists who insisted that leprosy only proliferated in the southern parts of Korea, I show how the 'geo – spatial' imagination of tropical disease as 'southern disease' facilitated a 'visual' and instantaneous translation of 'leprosy' as *'mundungbyŏng.'* As it will be evident in the chapter, two terms, 'leper' and 'mundungi' are incommensurate and yet, 'commensuration' in the meaning of the two terms was achieved through visual translation of a 'geo – spatially' derived imagination called a 'southern disease.' It is by posing questions on the very 'idea' of leprosy and on its 'translation' and 'commensurability' that I believe further questions as to 'how' of the writing of history of leprosy can begin.

In Chapter 2, I explore the problems of narrativizing 'origins' in the history of leprosy. Since the days of Father Damien, almost all writings on the history of leprosy began with a hagiographic 'origin,' that is, a selfless Christian 'saint' who begins leprosy work to save the natives. Through my examination of the three 'leper saints' in Korea and by connecting this 'origin' to the contemporary politics on leprosy, in this chapter, I explore the ongoing appeal of these hagiographies or tales of leper saints. The popularity of these tales in the localities of South Korea today I argue derives from the ability of these leper myths to 'translate' complex political concepts into easily understood Christian vernacular language. And by so doing, these

popularly told ‘tales’ neutralize resistance and naturalize powers under the guise of Christian compassion, humanitarianism and moral authorities of leprosy works. And such ‘power’, as evident in the case Son Yangwŏn, can facilitate the merger between Christianity and anti – communism in South Korea today.

In Chapter 3, I entertain the question whether writing a history of leprosy outside of the nation state and colonial empires is possible. Through works by internationally renowned figures such as Kiyoshi Shiga, I trace the international networks and health movements that had been existent during the interwar years (1919 ~ 1941). The end of the First World War brought serious questions on the ability of nation – states and colonial empires to solve global health concerns. Leprosy was one such global health issue that the League of Nations attempted to address. Shiga was a member of the Leprosy Commission of the League of Nations Health Organization that attempted to address the problem of leprosy eradication. By showing Shiga and the activities of international health agencies such as the Rockefeller Foundation in colonial Korea, I explore the possibility of reading narratives of leprosy control outside of the biopolitics of colonial state or of empire.

In Chapter 4, I study the problems of schematization or periodization in the writing of history of leprosy in Korea. Liberation and post – 1945 has been narrated in Korean history of leprosy as having posed sharp break or departure from the past colonial rule. The brief three years of American military government in Korea is for most part, is ‘remembered’ fondly as period of democracy and self – realization. It is a memory that has been rendered in a positive and glowing view due to the ghettoization of the history of leprosy in Korea apart from the rest of the larger historical context. That is, by reading exclusively within the confines of ‘leprosy history,’ this version of post – liberation leprosy history misses the actual power and authority

that had enabled the freedom and autonomy that patients have spoken so much. By reading through the larger historical context, the purpose of this chapter is to once again, raise question how we can write a post – liberation history of leprosy and particularly one that is not simply dependent on the simplistic periodization of national liberation and of national historiography of Korea.

In Chapter 5, I explore the anti – communist philosophies of the donor agencies such as the America Korea Foundation that facilitated post – Korean War leprosy control programs. Composed of powerful and wealthy American industrial figures who saw aid in preventive health as means to 'stop' the spread of communism in Korea and East Asia, in reading through their concept of foreign aid and preventive health, I consider the possibility that maybe the limited leprosy control and public health system that emerged in the post – Korean War state was very much the result of philosophies of the donor agencies.

The five chapters presented in this dissertation do not present the definitive or complete history of leprosy in Korea. Instead, what the chapters all explore is the very basic question of writing history of leprosy for Korean history. Whether it is possible to write and if so, how should one approach the writing of a history of popular disease such as leprosy are some of the questions, I believe have been missing in the current literature on leprosy control today. It is by asking and exploring the most fundamental questions on the act of writing history, as in the 'how' of writing history, that I believe we can better address the universality of history of leprosy and the task of composing a global history of disease today. In this dissertation, I am not suggesting that a global history of leprosy cannot be written; however, before we rush to inquire 'what is a global history of leprosy,' questions should be raised as to how such history can be written.

Chapter 1

The Idea of 'Leprosy' – Questions on Translation and Commensurability

In Korea, it was commonly understood that people who lived in the northern part of the country did not usually contract leprosy. It was understood that in this area where the climate was cold and winters long, leprosy, which usually thrives in the warm southern regions, could not survive the freezing temperature and the rugged terrains of the north. It was for this reason that when Yun Sunin, a resident of P'yŏngyang found out she had leprosy, she could not but be surprised. Yun recalls how while she was growing up in the capital city of North Korea, she had never even heard of the disease, let alone the name.

> …When I was attending elementary school, I fell from a tree. But I didn't know. Since there were no such diseases in the north, we didn't know. When my older sister ended up contracting the disease that is how we got to know in the family. I didn't know that I contracted the disease as well. There was no one in the north who uttered even once that I had the disease. Here in the south, they bar you from riding cars, but I never heard such (in the north).[3]

Yun was one of hundred patients who had been interned at the leprosarium that was established off the coast of Wŏnnsan, a port city located in the northeastern part of Korea. In 1947, the Democratic People's Republic of Korea established a leprosarium in the Taedo Island (and later moved to Kŭmdo Island), a small island off the coast of Wŏnsan. The reason for so doing was to

[3] Testimony of Yun Sunin, from Kuksa p'yŏnch'an wiwonhoe, ed. *Hansenbyŏng, kot'ong ŭi kiŏk kwa chilbyŏng chŏngch'aek.* (Kwach'ŏn: Ch'ŏnse, 2005) 124.

purportedly absorb and segregate leprosy patients who were fleeing from southern parts of Korea.

In the immediate aftermath of the liberation and with the rapid evacuation of the Japanese police force from the Sorok National Leprosarium on August 20th of 1945, many of the Korean patients fled from the leprosarium. Although it has not been verified, it is assumed that many of the patients fled to northern part of the country. With the wretched disease almost non – existent in the colder regions of the country, it was understood that many patients felt they would not be subjected to forced segregation and social discrimination they habitually experienced in the southern parts of the country. And as for the newly established North Korean government, it was understood that they established the leprosarium in Wŏnsan to stem the possible health and social problems that could arise from the mass number of lepers fleeing from south.

When the Korean War broke out in 1950, in the winter of the same year, the port of Wŏnsan was bombed by the American air forces and during the air raid, according to Yun, the leprosarium was hit as well.[4] Yun and the rest of the one hundred patients were evacuated by the landing American forces and were first transported by ship to Pusan and then later were moved to Sorokto, the national leprosarium of South Korea in the early spring of 1951. Yun and her husband stayed at the Sorok National Hospital until 1971, when they were discharged. Later they settled in Masŏk, a leprosy resettlement village near Suwŏn and they have been residing in that location since then.

What Yun Sunin's testimony of her discovery of the disease while growing up in P'yŏngyang and her subsequent internment at the first North Korean leprosarium revealed was a deep – rooted belief in Korea of seeing leprosy as disease that was discoverable in the "southern"

[4] *Ibid*.,136.

and "warmer" areas of peninsula. Indeed, this popularly held belief in leprosy as tropical disease to be found in the southern part of the country prevailed so much so that even Kim Tujong, the preeminent historian of Korean medicine went so far as to succinctly state in his *History of Medicine in Korea* (*Hanguk ŭihak sa* 韓国醫学史) that "leprosy was more or less limited to southern regions and has been treated as local disease…"[5] To him, leprosy as "local disease" (*chibangbyŏng* 地方病) found in the southern regions of the country had been so historically tested and verified that there really was no need for him to show evidence to support this claim.

Yet, contrary to Kim Tujong's statement, this popular view of seeing leprosy as disease extant only to be in the southern regions of the country was of more recent historical construct than Kim would have liked to believe. Indeed, *"mundungi"* (문둥이), the Korean word which has by now been rendered as synonymous with the word 'leper,' was an expression that was not coined until the early 18th century.[6] Even then, when it was invented, the meaning of the word had nothing to do with disease. The word *"mundungi"* (leper) comes from the word *"mundong"* (文東) which was coined as part of derogatory expression for the Yŏngnam School of *Yangban* or Confucian elites who resided in the southeastern regions of Korea. As the loser of the vicious power struggles at the central government, many of the Yŏngnam scholars found themselves without government employment and nothing to engage in but in study of Confucian classics at

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[5] Kim Tujong, *Hanguk ŭihaksa*. 1954 (Seoul: Ch'ŏng'ŭmsa, 1981) 493. In the 1955 edition, Kim does not mention leprosy, but he briefly discusses leprosy in the 1985 edition. However, it appears he viewed leprosy as 'local disease' for quite some time. According to the record left by Roger C. Cochrane of his meeting with Kim on February 18th of 1955, Kim told the British leprologist, that "largest numbers of lepra patients are concentrated" in "Kyŏngsang and Chŏlla provinces." "An Introduction of Leprosy in Korea – The Seoul National University College of Medicine, Feb. 18th, 1955." ICA Mission to Korea. RG 469 P 321 Box 13 Folder 46. National Archive, College Park, Maryland.

[6] Yi Uk, "Yŏksa nadŭri – Kyŏngsangdo pori mundungi." Naeil ŭl yŏnŭn yŏksa 15 (2004): 282 – 285.

home. Therefore, as the learned or the lettered (文) of the east (東), they came to acquire the moniker *"mundong"* (文東 Korean – 문동).[7]

However, the full expression that really gave sentiment to their marginalized status was the expression *"Kyŏngsangdo pori mundungi"* (The barley lepers of the Kyŏngsang province). Barley was one of the staple crops of Kyŏngsang province, the southeastern province of Korea. Unlike the rich and fertile southwestern Chŏlla province, also known as the rice basket of Korea, barley was more harvested in the mountainous terrains of the Kyŏngsang region. Also, another reason for the growth of barley stemmed from perpetual lack of rice and chronically poor diet. To supplement the meager portions, barley was popularly grown and consumed in the region.[8] Traditionally in Korea, rice, especially the polished white kind, symbolized wealth, prestige and refinement. It was type of food that *Yangban* or the elites were expected to consume. Barley on the other hand, due to its cheaper price and with its rough and coarse texture, was consumed more by the non – elites. To eat barley as *yangban*, as the expression, *the barley lepers of Kyŏngsang provinces* goes, then showed the fallen status of the Yŏngnam School of scholars. Powerless and impoverished and yet, as Confucian scholars, they had to abstain from engaging in any monetary or physical activities that could earn income. As scholars (士), they could only engage in the activities of letters (文). For the lower classes, such pretension and hypocrisy even in the face of starvation could only but become a target of ridicule and it was for such reasons that the expression, *the barley lepers of Kyŏngsang province* came into being.

Over time, the pronunciation was gradually changed from *mundong* to *mundung*, reflecting the intonation of the Kyŏngsang dialect. How the word came to be associated with

[7] *Ibid*.
[8] *Ibid.*281 – 282.

leprosy or topical skin diseases remains unclear but few guesses can be made in the direction as to how the word that was originally coined to deride the powerless and impoverished *Yangban* came to be associated with bodily disease. As mentioned above, the origin of the word *"mundung"* deriving from *"mundong"* (文東) or the lettered (people) of the east can be seen in the late 19th century Korean vernacular leper tale fictions and the leper mask dances of the Kyŏngsang region *O kwangdae* dance (五廣大) repertoire.[9]

As for the Korean vernacular novels of the late 19th century, according to Lee Eun Woo, in her study of the leper maid tales of the late Chosŏn Korean vernacular novels, the leper tales, particularly that of the Kyŏngsang region, provided the motif for the vernacular novels such as *Yosŏndam* (*Tale of the Origin of Yŏ Family*).[10] Also, in her observation, the *'mundung'* or leper characters featured in these novels, for most part, were *Yangban* or offspring of *Yangban*. Moreover, as Lee points out, the family seat of Yŏ, the protagonist of the Tale of the Origin of Yŏ Family (*Yosŏndam*) came from Sŏngju of northern Kyŏngsang region (*Kyŏngbuk*) or from Hamyang of southern Kyŏngsang (*Kyŏngnam*) region.[11]

Like the leper maid tales, the only region where the Korean leper mask dance can be seen is within the *Kyŏngsang o kwangdae* dance tradition. Simply put, there are no comparable *mundungi* or leper mask dances found for other regional mask dances. Mask dance or *t'alch'um* in Korean, had been a part of Korean life from time immemorial and has been historically performed throughout various regions in the peninsula. Yet, according to Cho Tongil in his study of Korean mask dance, the leper mask dance can be found in the *Kyŏngsang o kwangdae*

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[9] There are various interpretations as to the meaning of *Ogwangdae*. However, the letter five in the word generally indicates a mask dance involving five entertainers.
[10] Lee Eun- Woo (Yi Ŭnu), "Mundungi ch'ŏnyŏ sŏrhwa ŭi pigyo rŭl t'onghan *Yosŏntamjŏn* yŏngu." *Tonam ŏmunhak*. 22 (2009): 362 ~ 365.
[11] *Ibid.*___.

dance repertoire and not in other provinces.[12] In *The Great Dictionary of Korean Folk Customs* (*Hanguk minsok taesajŏn*), the leper mask dance of the *Kyŏngsang o Kwangdae* repertoire is further divided into six village dances of Tongnae, Kosŏng, Kasan, Masan, Chinju and T'ongyŏng of Kyŏngsang provinces.[13]

What is more, one of the characteristics of the six villages cited above, is that these places have been locales that were important administrative centers with significant *Yangban* populations. As places where the Confucian elites resided, the life inside these places was ruled by the late Chosŏn society's strict adherence to Confucian norms and ideals. Having undergone two international wars (Imjin War of 1592 and Qing Invasion of 1636), the social life in Korea during the 17th and 18th centuries was marked by the Chosŏn dynasty's vigorous attempts to restore Confucian civilization that had fallen to the ground with the end of the Ming Dynasty and succession of the barbarian Manchus to the throne in China. As the only Confucian civilization left in the northeastern Asia or as "the last bastion of Confucian civilization" (小中華), as many Korean Confucian scholars came to call Chosŏn Korea, their own country simply had to become the exemplar model of Confucian civilization.

To realize this Confucian civilization in its highest and purest form meant that anything that was found aberrant to the orthodox Confucian teachings such as Buddhism and shamanism, if not outright banned, at least had to be strongly discouraged from becoming popular in their own immediate surroundings. For these Confucian elites who aspired to realize the penultimate Confucian civilization in the Korean peninsula, every aspect of their lives truly had to be

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[12] Cho Tongil, *Hanguk ŭi t'alch'um*. (Seoul: Yihwa Yŏja Taehakkyo Ch'ulp'anbu, 2005),p. See, also, Ch'oe Sangsu. Yayu ogwangdae kamyŏnguk ŭi yŏngu. 1984. (Seoul: Sŏngmungak, 1988).,p.___.

[13] Hanguk minsok sajŏn p'yŏnch'an wiwŏnhoe. ed. *Hanguk minsok taesajon*. vol. 2 (Seoul: Minjok munhwasa, 1991) 553 – 554.

governed according to the dictates of Confucian thoughts. Their own abodes and the very villages where they lived had to be absolutely freed of undesirable superstitious customs such as *kut*, the shamanic rituals for healing, and the Buddhist worship services that corrupted the minds of the illiterate females. As the ruling *Yangban* class, in fact, it was their moral duty to prevent the ignorant shamans and rank Buddhist monks from polluting their pristine Confucian utopia.

Yet, for the lower classes that were governed by such censorious ruling elites, shamanic *kut* and Buddhist practices were what got them through the grinding toils of everyday life. Unlike the *Yangban*, who enjoyed a comfortably sedate life marked by good health and longevity, the life of tenant farmers who tilled their lands, was marked by hunger, poverty, sickness and death that were passed from generations to generations. Indeed, disease and deaths were such constant companions that the average life expectancy of peasants in late Chosŏn Korea rarely passed his or her fiftieth birthday. After all, it was for such reason that in Korea, sixtieth birthday became such celebratory occasion in one's life.[14] With such short life span and bone grinding poverty that all too frequently ended up in starvation and death, for the peasants of late Chosŏn Korea, shamanic rituals and Buddhist prayers provided salve to body and soul wearied by the hard life of working for these *Yangban*.

It is of no wonder than that for this chronically exploited class, who enjoyed so little comfort and privilege and yet whose backbreaking labour allowed the *yangban* to live as elites, would have channeled their anger and resentment in the form of mask dance. Since open performance of shamanic rituals and Buddhist prayers were frowned upon by *Yangban* males in particular, mask dance with its non – Shamanic or non – Buddhist elements, would have at least

[14] According to the noted Korean historian of medicine, Shin Dongwon, who cited the work of Sŏk Namguk, a Zainichi statistician, the average lifespan of Chosŏn population was twenty – four! See, Shin Dongwon, *Chosŏn saram ŭi saengno pyŏngsa*. (Seoul: Hankyoreh sinmunsa, 1999) 54.

been tolerated by the *yangban*. And as for these Confucian elites, the shrewd ones in particular, would have permitted the occasional performance in his village, for he would have recognized the safety valve function provided by the mask dance. Like the gladiatorial circus of Rome or village carnivals of medieval Europe, the mask dance whence allowed, would have relieved the social tension and class antagonism that would have been accumulating in his village. Moreover, by permitting the dance to take place in his village, even if it were done so at his own expense, the *Yangban* would have also earned praise for his magnanimity and generosity. As a gesture of *noblesse oblige*, the mask dance would have made the peasant forget his troubles for few hours and after being thoroughly entertained would once again go back to serving his Yangban as dutiful servants.

The tension between the *Yangban* – peasant class is a very distinctive hallmark feature of the *Kyŏngsang o kwangdae* repertoire. As for the *mundungi* or 'leper' mask dance found within the *Kyŏngsang o kwangdae* repertoire, it is the dialogue of the *T'ongyŏng o kwangdae* dance that perhaps show best the peasant satire and scorn of the *Yangban*. According to the record examined by Yi Min'gi in 1960, the first act of the *T'ongyŏng o kwangdae* dance opens with the *mundungi* mask dancer appearing with "grotesque and scary face." He enters the arena, "shaking his bent arms and limping legs, seemingly drunk to the beat of the music." He then tours the stage, "making gestures typical of diseased body (*pyŏngshin* 病身)."[15] He then recites his dialogue as follows:

> *mundungi* 1: See, even if I look like this, I am after all, *Yangban*. These lowerlings, at one word of my command, must bow down to me, trembling.

[15] Yi Min'gi, "T'ongyŏng o kwangdae daesa." *Kugŏ kungmunhak* 22 (1960):157.

(He then dances to the beat, swaying his *mundung* mask from side to side and tours the arena.)

mundungi 2: It is so good to be a *Yangban*. So good. *Yangban* is good.

The two *mundungi* mask dancers then retreat from the stage for the next dance to follow.[16]

Whether the dialogue of leper mask dance from other five regions contain such explicit statement on *Yangban* as above, is not clear. As an orally transmitted genre, it is possible that there are variations from place to place as in the case of Chinju, where the leper mask dancers open the act with dialogue on gambling. For other regions, there are no dialogues assigned, but like the two regional dances mentioned above, the leper mask dancers open the first act by performing their dance that is akin to 'the diseased body dance (*pyŏngshinch'um* 病身춤).' Typically, this dance usually consists of dancers making exaggerated movements to entertain the audience with their grotesque and deformed looking body. As Jeon Sung Hee, in her reading of Bakhtin's *carnivale* in Korean mask dance observes, this grotesque body "turns into comic, the pretentious, the rigid, the austere and the righteous and degrades (them) into the vulgar and the ridiculous."[17] The dialogue of the T'ong'yŏng *o kwangdae* dance, ("It is so good to be Yangban.") when brought into contrast with the disease – ridden and grotesque body of the *mundung* mask dancer, in an instant, brings down the arrogant and pretentious figure of *yangban* into a vulgar and repulsive figure fit for ridicule and derision from the audience.

Moreover, as Jeon further observes, when people collectively swear and share laughter, "their dialogues (become) littered with the grotesque body. In other words, people's conversations are filled with 'fractured bodies' such as reproductive organs, urine, feces and

[16] *Ibid*. italics are mine.
[17] Jeon Sung Hee (Chŏn Sŏnghŭi), "Hanguk ŭi kamyŏn'guk kwa kŭrot'esŭk'ŭ – Yangju pyŏlsandae, Pongsan t'alch'um, Kasan ogwangdae rŭl chungsim ŭro." *Tŭrama yŏngu* 27 (2007): 167.

hips..." Also "the more repressive societies are, the more pronounced these features become in literary and artistic practices..."[18] By exposing the deformed body, the *mundungi* or leper mask dancer brings into the open, the vulgar body of *yangbans* that stands in sharp contrast to the high ideals and elegance of Confucianism that he supposedly represents as Confucian scholar. And for the peasants who are governed by such a supposedly august group of elites, in seeing their body to be no more different than their own overworked, grizzled and diseased bodies provides them with relief that they would otherwise not obtain in their everyday lives.

This rendering of *Yangban* as the figure of leprous body is also featured in the vernacular novels of the late 19th century, such as *The Tale of the Origin of Yŏ Family* (*Yosŏntamjŏn*) mentioned above.[19] As Lee Eun Woo shows in her tabulation of the social status of the leper maid tales of the 19th century, almost all of the main female characters are offspring of *Yangban* or people who come from relatively wealthy and privileged social status. In addition, most of these characters are based in Seoul City or the central Kyŏnggi province area, whereas in contrast, the male protagonists come from lower classes and are mostly vagrants with little or no employment.[20] However, unlike the leper dance, which belonged within the strong satiric genre of the *Kyŏngsang o kwangdae* tradition, the central theme running in the leper maid tales or leper tales that circulated in the late 19th century was the collapse of the existing social order and social ambitions of the lower non – *Yangban* classes.

The desire for upward mobility could be seen in the plot line of these leper maid tales. For most part, the narrative is constructed on the becoming of *Yangban* by the male protagonists and is almost formulaic in its construction: The wandering male protagonist 'discovers' a lone

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[18] *Ibid.*172.
[19] Lee Eun- Woo, "Mundungi ch'ŏnyŏ sŏrhwa ŭi pigyo rŭl t'onghan *Yosŏntamjŏn* yŏngu." *Tonam ŏmunhak*. 22 (2009): 362 ~ 365.
[20] *Ibid*.

female on the road, usually in the middle of the night. He beds her only to discover the morning after that she had been cursed with the dreaded disease and has been cast out by her family. He bemoans his fate for having met such dreadful creature, but being a good – hearted man that he is, does not abandon her and eventually takes her as his wife.[21]

The female protagonist, despite her scarily deformed outward appearance, turns out to be a virtuous wife possessed of resourcefulness that helps to turn around the economy of the household. After lapse of time, the female protagonist then experiences a mysterious illness or near death experience brought on by either consuming snakehead or taking medicine prescribed by a traveling monk. After ingesting or imbibing the items mentioned above, she is rendered comatose for few days. Afterwards, she wakes up only to find herself shedding the old skin that been scarified with leprosy and acquiring a new clean body without any trace of the disease. Almost invariably, with the shedding of the leprous skin, she is revealed as a beauty. The tale then ends with the female character reunited with her family. The male protagonist is then finally rewarded for his loyalty by her grateful family, which usually comes in the form of granting of surname and the elevation of his status to that of *Yangban*.[22]

Korean vernacular novels such as the *Tale of the Origin of Yŏ Family* above is a study in the collapse of the existing Confucian order in the late 19th century Korea. If the Chosŏn dynasty of the 17th ~ 18th century sought to recreate the society based on the doctrinaire Neo – Confucian teachings, by the 19th century, the dynasty was in a crisis and was finding itself tenuously holding onto the notion of Confucian social hierarchy supposedly envisioned by its founders in the 14th century. Internally, the Chosŏn government of the 19th century was plagued with series of rebellions that began with Hong Kyŏngnae's call for the overthrow of the monarchy from

[21] *Ibid*.
[22] *Ibid*.

northern part of Korea in 1811 and externally, the dynasty began to see foreign powers lurking off the coastal waters of the peninsula shortly after the defeat of the mighty Qing to the British in 1842.

With the dynasty plagued with troubles inside and out, the non – elite classes, who had been subjected to centuries' long suppression of social ambitions, began to overtly to mobilize their desire to better themselves. Economically, by the late 19th century, the *chungin* class, a class of technicians, artisans and professionals that had been once dismissed as vulgar and un – Confucian, had amassed enough wealth to threaten the economic supremacy of the *yangban*. In fact, by the end of the 19th century, many *Yangban* found themselves at the mercy of *chungin* money and like the cash strapped British nobilities who sold their titles and estates to American upstarts, many destitute Korean *Yangban* families sold their surname and family genealogy in exchange for much needed cash. Whereas once *Yangban* status could only be acquired through birth, by the late 19th century, the once unobtainable could now be bought by anyone with sufficient cash.

The leper mask dance and leper maid tale are both invaluable critique and commentary into the social mores and customs of the 18th and 19th century Chosŏn society. Most remarkably, they reveal a wellspring of discontent and disquietude that percolated underneath the rigidly codified Confucian order of the dynasty. Yet, as paleopathological evidence for tracing the history of disease called 'leprosy' in Korea, these two genres leave very little clues. That is, despite the moniker *mundungi* or leper attached, the mask dance and the novel show insofar as the social construction of the term *mundungi* from the late 18th to 19th century and do not shed much light on the actual description of the disease.

In fact, despite the moniker of *mundungi*, the disease itself does not occupy place of central importance in these two genres. Instead, the notion of *mundung* disease (문둥병) or 'leprosy' as dreadful disease acts as catalyst for the actions of the protagonists. From the start, the reader reading the vernacular Korean (*han'gŭl*) novel or the interested audience watching the dance performance is to simply assume that the protagonists who had contracted 'leprosy,' had done so as result of divine punishment as many incurable illnesses had been understood and accepted as such in traditional Korea.

Also, with so little importance attached to describing or expressing the symptoms of the disease itself, it is difficult to verify if the disease treated in the both genres is actually 'leprosy.' The description of leper masks of the six regions according to *The Great Dictionary of Korean Folk Customs* reveals the following information: the abnormal skin (usually red or bluish) colours and protrusion or sores that cover the skin. Other common features include the exaggerated eyes, the sunken nose and disfigured or swollen lips accompanied by limps in the walks as well.[23] These have by now become standard description for describing a leper and yet, as Angela Leung in her *Leprosy in China: A History*, has pointed out, other diseases such as psoriasis, tinea (ringworm), pellagra, diabetes and syphilitic yaws have similar symptoms as leprosy.[24]

Moreover, given the vague descriptions of disease, in this case, which we assume to be 'leprosy,' in the two genres, another question that has to be addressed is why *Yangban*, the central figures in both the mask dance and the novels contracted 'leprosy' in particular. Of all diseases that had been known throughout Korean history, why was 'leprosy' specifically

[23] Hanguk minsok taesajon p'yŏnch'an wiwŏnhoe. ed. *Hanguk minsok taesajŏn*. vol. 2 (Seoul: Minjok munhwasa, 1991) 553 – 554.
[24] Angela Ki Che Leung, *Leprosy in China: A History*. (New York: Columbia University Press, 2009) 24.

assigned to them? This question of 'leprosy' arises because diseases of all stripes and variations have been making ~~its~~ their appearance since writing became available in the peninsula. In fact, one of the most dreaded and written about diseases in traditional Korea, was smallpox (called *tuch'ang* 두창 痘瘡 or more commonly as *ch'ŏnyŏndu* 천연두 天然痘). Called *'mama'* (媽媽) or your highness, smallpox was feared enough to be celebrated in shamanic rituals and performed as rites of passage in many Korean households for centuries.[25] Since the disease was powerful enough to take away lives and leave dreadful marks on the body of those who were lucky enough to survive, shamans were called in to perform rituals so that 'your highness' would be so gracious as to spare the household from this calamity from heaven. Therefore, if rendering the *Yangban* as ugly as possible was the goal, then smallpox would have been one option that could have been considered in the composition of tales on the diseased bodies of *Yangban*.

Indeed, in pre – modern Korea, diseases were often considered not simply as a form of divine punishment but also as a form of curse as well. Nothing was more powerful than casting the hated figures of *Yangban* with a curse that was incurable or could be cured only with divine (or shamanic) intervention. This explains how the leper maids who were cured of the disease were able to do so only after undergoing extraordinarily supernatural circumstances. As for the mask dance, as the leper mask dance occupies little centrality to the entire repertoire, there are no passages on the healing of the body to discern but given the satiric nature of the dialogue and the diseased body dance which has been intended to provide comic relief, it is possible to assume that the *yangban* bodies were cursed with disease as to show their hypocrisy and the

[25] Antonetta Lucia Bruno, "Sending Away the Smallpox Gods." In *Religions of Korea in Practice*, edited by Robert E. Buswell Jr. (Princeton: Princeton University Press, 2007) 259 – 283.

contradiction between their all too powerful social status in real life and their damaged body in fantasy.

With regards to the traditional Korean views on disease, another point to consider is the fact that *'mundungbyŏng'* (문둥병) , which has been translated and recorded as 'leprosy' in modern Korean medical literature, literally translates as the disease of the lettered men of the east or *mundong* (文東) as referred to earlier. Given this, it is possible to assume that the disease in the mask dance and the novels refers not so much specifically to 'leprosy' per se but an imagined curse for the wretched *Yangban*. In fact, epidemics were often linked with bad governance and in times of epidemics, kings were criticized or reprimanded for their wrongdoings that had brought the ire of Heaven. For such reasons, whenever there was an outbreak, kings were expected to not only provide for the necessary medical measures but also to perform shamanic rituals that would pacify Heaven.

As sickness and morality were intrinsically linked together, it is then not so difficult to see then the connection between sickness and *Yangbans*, as in the case of *mundungi* mask dance and novels. Rather than describing a specific disease, it is possible that *Yangbans* in these two genres were rendered as "diseased bodies" in order to highlight their shortcomings as Confucian elites. As Confucian scholars, they were supposed to uphold and embody morality. What more powerful way to show their shortcomings as moral beings than to show that they have been punished by heaven for their moral failings? Such hypothesis would also help to explain why there are so little references to the actual disease or why they occupy so little centrality in these two genres. Moreover, the hypothesis would also help to clarify as to why *Yangban* were the figures that were ridden with disease.

Did leprosy, the disease as we know of today, exist in Korea historically?

For historians of medicine such as Kim Tujong, who earlier referred to leprosy as 'local disease,' it was possible not to doubt the commensurability of translation between *mundungbyŏng* and 'leprosy' given his upbringing and his education. He was born to a *yangban* family in the Haman County of the southern Kyŏngsang region, the place where the term *mundungi* originated from, in 1896.[26] Until he was fourteen, he was tutored at the village school (*sŏdang* 書堂) in the Confucian classics. He began his Western education when he was fourteen and after his expulsion from Keijo Technical School of Medicine in 1919, due to his participation in the March 1st Movement, he entered the Kyoto College of Medicine in 1920.[27] Given his upbringing in a *Yangban* family during the last years of the Chosŏn Dynasty, coupled with his modern medical education in Korea and Japan at a time when 'leprosy' was viewed as 'a tropical disease' mostly found in the southern regions, it is all the more possible that to Kim, *mundungbyŏng* was indeed, leprosy.

To further assess whether the translation of *mundungbyŏng* into 'leprosy' is 'commensurate,' I believe some sort of etymological or genealogical trace of the historical terms and the reading of these terms in its contemporary political and socio – cultural context is required. As for tracing the historical lineage of leprosy or etiology of the disease, Angela Leung has provided one such example in her reading of the classical Chinese records on 'leprosy' in *Leprosy in China: A History*. [28] As the first English language volume on the history of leprosy in East Asia, her work not only illumines the previously unknown history of leprosy in

[26] Yeo In – sok (Yŏ Insŏk), "Ilsan Kim Tujong sŏnsaeng ŭi saengae wa hangmun." *Ŭisahak* 7 (1998): 1.
[27] *Ibid.,*2.
[28] Angela Ki Che Leung, *Leprosy in China: A History*. (New York: Columbia University Press, 2009). For reviews of *Leprosy in China*, see, Susan Burns, review of Leprosy in China: A History, by Angela Ki Che Leung, *Bulletin of History of Medicine* 84 (2010): 515 – 156.

East Asia, but also her examination of the various terms throughout Chinese historical records provide an invaluable impetus to reassess and rethink the standing arguments on leprosy within the history of disease in East Asia.

If there is one caveat to be found with her masterful reading of the pre – modern Chinese records, is that leprosy in China formed 'a history.' In other words, Dr. Leung, in her attempt to provide a comprehensive history of disease, presents a straight forward reading of records where there is a clearly traceable and linear descent of the disease from the 2nd century records cited in *the Canon of the Yellow Emperor* to the Ming – Qing *mafeng* asylums in the southern areas. Even with the arrival of the missionaries, once again, this linear narrative is not disturbed. Rather, she finds commensurate understanding to be reached between the *mafeng* asylums of late Qing with the Western missionary interest in leprosy relief work.

Given my reading of the mask dance and the novels of late Chosŏn society and also with my questions posed above on the translatability of *"mundungbyŏng"* as 'leprosy,' I am compelled to ask whether *"dai feng"* the great wind and *"lifeng,"* the wind causing *li* can become *"efeng"* the vicious wind or *"eji"* the maligmant ailment. According to the chart provided within *Leprosy in China*, the words *"dai feng"* and *"li feng"* appeared in *The Yellow Emperor's Inner Canon*, which was composed around 2nd century BCE and as for *"efeng"* and "*eji,"* it appears in the 6 ~ 7th century medical texts.[29] How much time elapsed between the records in *The Yellow Emperor's Inner Canon* and *General Treatise on the Origins and Symptoms of Disorders* that was published in the 6 ~ 7th century AD? Just how many dynastic changes were there and in the roughly eight hundred years that passed between the two

[29] *Ibid.* 48 – 50.

references cited above and just what kind of political, economic and socio – cultural changes were taking place in a country called 'China'?[30]

Such linearity of descent or 'discent' of history, as Prasenjit Duara called it in his work, *Rescuing history from the nation: Questioning the narratives of modern China*, is possible, if the purpose is to read back into various medical records, the history that the author desires to see in the past records.[31] This is not to say that Dr. Leung's work engages in retrospective reading of diseases. What I am questioning instead, is the deeply embedded and unquestioned assumption of the national history of leprosy in China. Instead of disease, the nation that is 'China' becomes the driving force for connecting and re – reading various records that have been produced at various different junctures of time and intended for specific and different historical contexts as a singular history of disease.

Yet, as historians of disease know so well, disease is too elusive to be confined within the unit of nation or even become the driving force for establishing a straightforward trajectory of history. This problem of establishing a genealogy of 'leprosy' is brought into sharp relief when the very question of 'a history' of leprosy that forms "a parallel narrative" to that of Western world is applied to Korea. For one thing, Korea's geography lacks the tropical climate and southern regions that are extant in both China and Japan. In case of both countries mentioned above, claims of similitude to Western case can be made as there are 'warm' regions such as Fujian province and Ryukyu Islands and there are plethora of records on skin disease, infections

[30] Prasenjit Duara, *Rescuing history from the nation: Questioning the narratives of modern China* (Chicago: University of Chicago Press, 1995). For discussion on 'China' and its implications, see, Lydia He Liu, *The clash of empire: the invention of China in modern world making* (Cambridge: Harvard University Press, 2004).

and popular reception on contagion to be found. To connect the two dots between point A to point B, is then, not such a difficult task.

For Korea, where even the southernmost point of the country, the Cheju Island experiences winter, no such facile association can be made between 'warm region' and 'infectious diseases.'[32] Examination of records prior to the 18th century reveals writings a plenty on epidemics, infections and contagions, but there appears to be no specific awareness or any attempts for that matter, to pin a singular disease to a certain specific area of its geography.[33] This is not to say that various Korean dynasties did not practice isolation and quarantine upon discovery of *yŏkbyŏng* (疫病) or epidemics. On the contrary, given the incessant wars and invasions that Korea experienced throughout history and with its physical proximity to two neighbours, China and Japan, it is not too difficult to find discussions on outbreak of diseases and isolation measures in the various dynastic records such as *History of Three Kingdoms* (*Samguk sagi* 三國史記), *Memorabilia of Three Kingdoms* (*Samguk yus*a 三國遺事), *The History of the Koryŏ* (*Koryŏsa* 高麗史) and *Veritable Records of the Chosŏn Dynasty* (*Chosŏn Wangjo Sillok* 朝鮮王祖實錄). Yet, even in the records of Chosŏn dynasty, specifically pertaining to the period after the rise of the term, "*mundungi*," there appears to be no discussions to isolate sufferers of *'rabyŏng'*(癩病) or *'roebyŏng.'* (癘病). In fact, even the word 'mundong,'

[32] Indeed, an example of just how cold the climate was in Cheju Island, can be see in one report submitted from the island in 1421. The *Veritable Records of Sejong (Sejong sillok)* show that a great number of horses had died due to unexpected heavy snow. The island had been designated as horse breeding ground by the government and 10,000 horses were assigned to the place. It appears more than majority of these horses were killed by the sudden cold. *Sejong sillok*. 14:2:270.

[33]Kim Ho, *Ho Chun ŭi Tongŭi pogam yŏngu*. (Seoul: Ilchisa, 2000) 59 – 86.
In his study of epidemics outbreaks and the response of the Choson government in the 16th century Korea, the materials examined by him does not seem to show any popular identification of particular disease to specific geographic region.

(文東), the lettered of East discussed earlier, does not appear in the sources as well. Adding to this glaring lacuna, also there are no concordant records by local elites to house the afflicted, similar to that of the *mafeng* asylum in the southern regions of Ming – Qing China.

In short, another way of posing questions on the feasibility of 'a history' of leprosy or 'a parallel narrative' to that of the Western world is that despite sharing the same vocabularies for describing 'leprosy,' the Korean case did not result in the 'same' outcome as that of China. As part of Sinoscript world, Koreans have been importing medical knowledge, materials and even medical personnel from China for millennia and what is more, with Japan, the other Sinoscript sharing country, have been using the same vocabularies on medicine and disease. Yet, this did not lead to production of knowledge on disease in the way that according to Dr. Leung had described for China. In other words, the rise of localized term, *'mundungi'* in the late 18th century in the southeastern areas of Korea did not yield to the establishment of asylums similar to that of the *mafeng* asylums in China.

That despite sharing the same vocabularies of medicine and disease, that Korea's history of 'leprosy' did not form "a parallel narrative" to either that of China and the Western world is shown in Miki Sakae's monumental, *The History of Korean Medicine and of Diseases in Korea* (*Chosen igakushi oyobi shippeishi* 朝鮮醫學史及疾病史).[34] First published in 1955, *The History of Korean Medicine and of Diseases in Korea* was the culmination of Miki's lifelong effort to bring to light the contribution of Korean medicine to the development of medicine in East Asia. In the work, Miki outlined the historical development of medicine in Korea from the prehistoric age to the early modern era. This was then followed by a separate volume on *The Korean History of Diseases* (*Chosen shippeishi* 朝鮮疾病史) and in the work, he listed,

[34] Miki Sakae, *Chosen igakushi oyobi shippeishi*. 1955. (Kyoto: Shibun shuppansa, 1991)

categorized and discussed diseases that were found in Korea from the Three Kingdoms period (6th c. BCE ~ 668 AD) to the Chosŏn Dynasty (1392 – 1910). What is remarkable about *The Korean History of Diseases* is that as well as providing the chronological narrative of the diseases found in the classical Korean medical texts, Miki also sorted and categorized the historical references according to each individual disease. As result, the work reads more as an encyclopedia of all diseases that could ever have possibly existed in Korea than simply as a historical treatise on diseases in Korea.

In the section on 'leprosy' (癩病), according to Miki, the earliest reference to 'leprosy' appeared in *Memorabilia of Three Kingdoms*.[35] Like Kim Tujong, his contemporary, and also a rival, he begins the section by acknowledging the widespread of leprosy around the world. He states that although the origin of the disease was in the West, it has come to be found in many nations around the world and that remains one of the most 'avoided' diseases in the world. In the peninsula, Miki, like Kim finds the disease to be "found much in the southern part of Korea." Although interchangeably used with the Sinograph *"roe"* (癘), for 'leprosy,' since the ancient times, there have been many names used to describe the disease, he finds. *"Roejil"* (癘疾) and *"akbyŏng"* (惡病) are some of the terms that have been used and in *Memorabilia of the Three Kingdoms*, in the section on Adogira (阿道基羅), one of the foundation tales of Korea, Miki surmises that the word *"kamnoejil"* (感癘疾) or "an infectious epidemic" that appears in the line, "as for infectious leprosy, two people caught this malign disease from each other," to connote the existence of leprosy in Korea in the ancient era.[36]

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[35] *Ibid,.*111.

[36] *Ibid.* The line in the Adogira section reads, "感癘疾, 二人相次發惡病." I have translated this as "as for infectious disease symptom, two people caught this malign disease from each other."

With the words connoting 'infection' ('*kam'* 感) from the expression *kamnyŏm* 感染) and the passing of the disease between two people, Miki speculates not only the possible existence of leprous population but also the awareness of infection in the peninsula. The next reference to 'leprosy' that Miki finds is in the Biography section (*Yŏlchŏn* 列傳) of *History of the Koryŏ (Koryŏsa* 高麗史). The dynastic records such as *History of the Koryŏ* and *Veritable Records of the Chosŏn Dynasty* contained sections on biographies of famous people. Within this section of *History of the Koryŏ*, Miki found a citation of "malign disease" (*akchil* 惡疾) in the biography of a filial son during the reign of King Myŏngjong (1170 ~ 97). According to the biography, the son cut his thigh and fed the cut flesh to his father to cure him of this 'malign disease.' Although cautioning that this cannot so simplistically be judged as 'leprosy,' given the usage of the word "malign" in the naming of the disease, Miki states this to express an awareness of disease that seemed both malignant as well as incurable at the time.[37]

The expression "malign disease" was still used into the late Chosŏn Dynasty, Miki then finds.[38] In the *Sok Taejŏn* (續大典) or *Supplementary Legal Code* that was compiled in the 17th century, in the punishment section (*hyŏngjŏn* 刑典), Miki finds the appearance of the two Sinograph letters for malignant disease. He speculates that the disease indicated in the punishment section of the legal code probably included both syphilis and leprosy as well. Also, during the Koryŏ Dynasty, another word that was used to describe 'leprosy,' according to him, was *"akch'ang"* (惡瘡) or the malignant sores. As *"akch'ang"* (惡瘡) connoted a type of skin disease with malignant tumours or sores, Miki suggests this to include 'leprosy' as well. Certainly this was to be the case he found in the numerous citations within the *Hyangyak*

[37] *Ibid.*
[38] *Ibid.*

kugŭpbang (鄕藥救急方) *or Prescriptions of Local Botanicals for Emergency Use*, a handbook of emergency medical prescriptions that was compiled circa 1236, during the reign of King Kojong (1213 ~ 59) of Koryŏ Dynasty.[39]

Unlike China, whereas the use of the word 'sore' (瘡 *ch'ang* in Korean and *chuang* in Chinese) to describe 'leprosy' did not occur until the 17th century, with the rise of the term *Guangdong* or *yangmei* sores, as shown by Leung, clearly, the numerous citations of 'malignant sores' or "*akch'ang"* (惡瘡) within *The Prescription of Local Botanicals for Emergency Use*, as Miki had found, pointed towards a different awareness or conceptualization of skin disease. That the Korean case did not correspond to the Chinese history of leprosy is also made clear in the next reference to 'leprosy' that Miki found in the *Veritable Records of Chosŏn Dynasty* (1392 ~ 1910). During the reign of King Sejong, two references to *"ra"* (癩) or 'leprosy' were cited in the records and interestingly, for both reports, 'leprosy' was discovered in the Cheju Island, the southernmost area mentioned earlier in the chapter.[40]

The first case was reported in the tenth year of Sejong's reign and it involved a murder case. A private slave (*sano* 私奴)named Ildong and his wife Yiŭlmang killed her son from a previous marriage by strangulation and her ten year old daughter who had earlier contracted leprosy, by pushing her off the cliff of the coastal area. According to the report, knowing full well that lepers were isolated in the remote beach areas, upon finding her daughter with the disease, she dragged her to the top of the hill and pushed her off despite her daughter's attempt to

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[39] As for the translation of *Hyangyak kugŭpbang* (鄕藥救急方) as *Prescriptions of Local Botanicals for Emergency Use*, I have used the translation by So Young Suh in her 2006 dissertation, "Korean Medicine between the Local and the Universal, 1600 – 1945." See, So Young Suh, "Korean Medicine between the Local and the Universal, 1600 – 1945." (Ph.D. Dissertation, University of California, Los Angeles, 2006), 42.

[40] I*bid*.,113.

reach out to her mother. For the crime, the Board of Punishment asked sixty lashes and one year of imprisonment for the wife and decapitation for the husband.[41]

The second reference to *ra* (癩) appears in the report submitted to King Sejong in the 27th year of his reign (1445). The commissioner (*anmusa* 安撫使) for Cheju Island submitted a report of the actions he had taken to contain an outbreak of *"rajil"* (癩疾) or 'leprosy' that had been reported in the three villages of the island. I believe this second reference is worth quoting at some length as this is one of the two only detailed reference to "*ra"* (癩) or 'leprosy' found within the *Veritable Records of Chosŏn Dynasty*.[42] In fact, a search for records on "*na"* (癩) within the five hundred years of records of Chosŏn government yields only ten references. Indeed, for years, one of the unsolved puzzles within the Korean leprology community ha~~ves~~ been the apparent poverty of Korean historical records on *'nabyŏng'* (癩病).[43]

Korean leprologists, Lew Joon and Kal Sŭngch'ŏl have spoken in the past of dearth of historical writings on 'leprosy' in contrast to the plenitude as evinced in *Leprosy in China* or the numerous citation within *Nihon shoki* or *History of Japan* that dates back as early as the 7th century. Interestingly, the first citation of 'leprosy' within *History of Japan* involves a visit by an official from Paekche (百濟), one of the three ancient kingdoms of Korea, to Japan, who apparently had *"paengna"* (白癩) or white leprosy.[44] Therefore, given the lack of Korean

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[41] *Ibid.*
[42] The other reference is in the *Kwanghaegun ilgi* or the Diary of Kwanghaegun of 1612. This reference will be discussed in the later part of the chapter.
[43] Miki Sakae, *Chosen igakushi oyobi shippeishi*. 1955. (Kyoto: Shibun shuppansa, 1991) 113 .
[44] See, Lew Joon, *Nabyŏng* (癩病) – *Leprosy*. (Seoul: Yŏnsei taekhakkyo ch'ulp'anbu, 1962). Kal Sŭngch'ŏl, "Hanguk nabyŏng ŭi yŏksajŏk koch'al." *Taehan nahakhoeji* 1 (1960): 13 – 31. Also, see, Yamamoto Shunichi, *Nihon raishi* (Tokyo: Tokyo daigaku shuppankai, 1993),p.1. According to Angela Leung, the terms "white leprosy" (白癩) and "black crow leprosy" (烏癩),

historical records that discusses 'leprosy' at length, it is all the more pertinent to examine the second citation of the *Veritable Records of Chosŏn Dynasty* mentioned above. For this record shows not only the perception of 'leprosy' at the time, but also I believe suggests ways to question the assumption of history of leprosy in Korea.

As mentioned above, the commissioner for Cheju Island submitted a report of the actions he had taken to address 'leprosy' found in the three villages. According to the officer, he took following measures to address the outbreak of disease found in the three villages. He writes as follows:

> An outbreak of *najil* (癩疾) was cited in Chongŭi and Taejŏng and as there have been concerns of infection from those who have contracted the disease, the sick have been abandoned near waters where there are no contact with people. Unable to overcome the loneliness of their isolation, they (the sick) die by throwing themselves off the cliff. It is such a piteous sight. I have asked (Buddhist) monks to collect their bones and give them a burial and have also set up a clinic in each three villages and gathered the patients together. I gave them supplies of food, clothes and *material medica* (藥物) and set up baths to be administered by medical students (醫生) and monks. Out of sixty – five lepers, forty – five have been cured and ten have yet to improve. Fourteen have died. As the monks of three villages have military conscription duties, I gave exemption to one monk for each village so that he can accompany the medical students and solely devote to treatment. I also ask for deer antlers (*nogyong* 錄用) to be used by medical students.[45]

Miki sees this as a case of "leprosy found in Cheju Island" and also as an example of "the treatment of leprosy."[46] As to the specifics of medicine and therapeutics, although the report does

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although traceable to *Yellow Emperor's Canon* lexicon, appear to have striking similarity to Arabic medical concept. See, *Leprosy in China,* 23 – 24.

[45] *Sejong sillok* 4:644. The original passage is as follows:

> "濟州按撫使啓: "州及旌義、大靜, 癩疾興行. 若有得疾者, 惡其傳染, 置于海邊無人之地, 不勝其苦, 故墮巖崖以隕其命, 誠可憐憫. 臣令僧人拾骨埋之, 三邑各置治病之所, 聚病人給衣糧藥物, 又設沐浴之具, 使醫生僧人監掌治療. 見在癩病六十九人內, 四十五人差愈, 十人時未愈, 十四人物故. 但三邑僧, 本有軍役, 請三邑僧各一人, 除其役, 常與醫生專事救療, 醫生亦許錄用以勸."

[46] Miki Sakae, *Chosen uigakushi oyobi shippeishi.* 1955. (Kyoto: Shibun shuppansa, 1991). 113.

not describe the details, the next citation of *'ra'* (癩) that appears in the *Veritable Records for King Munjong* (*Munjong sillok*), the successor to King Sejong, specifies the therapeutics and drugs that were used to treat the above mentioned patients.

In the *Veritable Records of Munjong*, an official by the name of Ki Kŏn was appointed as the local administrator for Kaesŏng (開城府留守), the former capital of Koryŏ Dynasty, in 1451.[47] The record on his appointment lists his accomplishments, including his treatment of hundred of lepers of Cheju Island while he served as the governor from 1443 to 1445. Ki was appointed as the magistrate of Cheju (Cheju moksa 濟州牧使) in December of 1443 and was called back to the central government in December of 1445.[48] The very first citation of the report submitted by the commissioner quoted above, was dated November 6th of 1445, a month before Ki Kŏn returned to the capital. According to the 1451 appointment notice, Ki was proficient in administrative matters (isa 吏事) and was also well read in a number of subjects. In listing his virtues as an ideal candidate for the job, the notice also described the good actions that Ki took to treat the lepers.

> … as Cheju is located in the middle of the sea, there were many who suffered from *najil* (癩疾). Even if they were husbands and wives and children, all feared passing (the disease) to each other and were moved to areas where there were no people in sight, to await their deaths. While on patrol, he came near the water and heard moans coming from below the rocks. When he went over to check, it turned out to be lepers. He inquired and afterwards, he built tents to treat disease, gathered hundred people who suffered from leprosy, but separated the men and women. He gave them *kosam* pills

[47] *Munjong sillok*. 6:371b.

[48] Kim Ch'anhŭp, "Ki Kŏn (奇虔)." *Tijit'al Cheju munhwa taejŏn* http://jeju.grandculture.net/Contents/Index?contents_id=GC00700315 (Accessed March, 19, 2012). Also, Ki Kŏn's role in leprosy control has been discussed by by Korean leprologist, Kim Sunt'aek in his study of Ki Kon's work in Cheju Island in 1997. However, the study is intended to 'prove' the existence of leprosy control.
See, Kim Sunt'aek, "Ki Kŏn ŭi nakwalli hyŏnchang." *Taehan nahakhoeji* 30 (1997): 43 – 55.

> (flavescent *Sophora* root 苦蔘元) and administered seawater baths. More than half were cured of the disease and when he returned (to the capital), the cured (patients) sent him off in tears.[49]

Written six years after the initial report on the outbreak of 'leprosy' was made in 1445, the 1451 appointment notice for Ki Kŏn stretched the number of patients from the initial sixty – five to hundred and dramatized his 'discovery' of the sick and the ensuing sympathetic treatment and proper medical care to highlight his 'virtue' and suitability for the post of the local administrator for Kaesŏng (*Kaesŏngbu yusu* 開城府留守). The passage on the cured patients, sending off Ki in tears of gratitude when he left the island, was just the appropriate touch needed to show off King Munjong's promotion of Ki in 1451.

The reason for such embellishment of Ki Kŏn's supposed accomplishment stemmed from his status as a scholar who did not take civil service exam prior to taking up governmental appointment in 1442. Civil service examination was a mandatory requirement for all who wished to serve in the government since King Kwangjong of Koryŏ implemented the system in 958 AD. The Chosŏn Dynasty, as John Duncan had shown in *The Origins of Chosŏn Dynasty*, was in many ways a radical departure from the previous Koryo Dynasty, but when it came to practice of governance, the new dynasty inherited much of Koryŏ system of government and the civil service examination was one such legacy left over from the previous dynasty.[50] By the time Ki was personally called to government by King Sejong in 1442, the system had been running

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[49] *Munjong sillok*. 6:371a. The passage is as follows:

> "…且州在海中, 人多癩疾, 雖父母妻子, 亦恐相染, 徙置無人之地, 以待自斃. 虔行部至海濱, 聞巖下有呻吟聲, 視之果癩者. 因問知其故, 卽構救疾幕, 聚置癩者百餘人, 男女異處, 令服苦蔘元, 沐以海水, 太半差愈. 及其遞還, 疾愈者, 相與泣送."

[50] John B. Duncan, *The Origins of the Chosŏn Dynasty*. (Seattle: University of Washington Press, 2000).

smoothly, with few exceptions made. Ki's career as an official was therefore, more dependent on King's favour in comparison to others and for each post he was promoted, his candidacy had to be illustrative of the right choice made by the king, as in the case of his 'humanitarian' efforts for the lepers of Cheju Island.

After returning from his two – year stay in the island, 'proving' his military merits, it appears Ki made succession of promotions so that in 1451, he was appointed to the second – grade tier local administrator for Kaesŏng, one of the five major cities of Chosŏn Dynasty. For someone who began in the fifth – grade tier in 1442, his promotion to second – grade tier in seven years seemed somewhat rapid.[51] Also, lucky for Ki, it appears the favour shown by Sejong was not interrupted after his death but continued into Munjong's reign as in the case of the 1451 appointment. It is quite likely that when he succeeded to the throne, King Munjong retained much of his father's political appointments in order to consolidate his power and Ki's appointment would have been one such example. Ki's treatment and care for the sick, therefore, would have been written more as an illustration of the new king's political savvy in making the right and proper choice than the actual deeds of Ki.

This is not to say that Ki would not have carried out the medical treatment described above. The *Veritable Records* indicate that he was well – versed and well – read in a number of subjects. Medicine would have been one such subject and the citation of *kosam* pills and seawater baths in the appointment notice was intended to highlight his knowledge in such matters. What is puzzling however is the display of medical knowledge as evinced in the 1451 notice that is absent in the first 1445 report. The 1445 report indicate the establishment of clinic, administration of baths and provision of *materia medica* (藥物), food and clothes to the sick.

[51] *Sejong sillok.* 4:440.

Yet, there is no mention of isolation, separation of sexes, provision of the flavescent *Sophora* root pills and the administration of seawater baths. The only specific medicine cited is the deer antler, which was requested by the commissioner for use by medical students.

In fact, the reference to the deer antler in the first passage gives pause to the reasons for knowledge on 'leprosy' that Ki 'displayed' in the 1451 notice. In traditional Korean medicine, deer antler (*nogyong* 錄用 or 鹿茸) has been prized for its fortifying and restorative qualities. It is usually prescribed to patients whose *ki* (氣 *qi* in Chinese) had been weakened by long bouts of illness and normally, it is not considered as medicine for treating 'leprosy.' Indeed, deer antler is not included in the list of medicines that Leung describes as having been used to treat leprosy in China. On the other hand, *Kosam* or flavescent *Sophora* root pills, mentioned in the 1451 notice, as Angela Leung describes in her work, have been popularly used to treat 'leprosy' in China.[52]

Added to this puzzle, another question to consider is the timing of the two citations, in particular, the 1445 report on the outbreak of 'leprosy' filed by the commissioner. The *Veritable Records* show that when Ki was appointed as the governor of Cheju in 1443, there were oppositions to his appointment.[53] Two memorials were submitted to protest King Sejong's appointment of Ki and both letters cited his lack of military experience or expertise. As Cheju Island constituted the southernmost maritime border for the dynasty and given its proximity to Tsushima, where *wako* or maritime pirate attacks frequently originated and devastated the coastal habitats of Korea, it was all the more important that the king appointed someone who was knowledgeable in military affairs.

[52] Angela Leung, *Leprosy in China: A History*. (New York: Columbia University Press, 2008) 53 – 57.
[53] *Sejong sillok.* 4:511.

Given such oppositions he faced prior to his appointment, for Ki, it would have then made all the more sense, if he 'showed' his medical knowledge and treatment of the sick in the first 1445 report instead of the 1451 notice. His success in treating the patients would have not only highlighted his governing abilities and thereby prime him for future promotions, but also would have bolstered King Sejong's position. After all, the king had appointed him to the post despite protests from others in the government. Moreover, as the 1445 report was filed just a month before Ki left the island, the more detailed and more embellished it was, the more advantageous it would have been for him in capping off the end to his two – year term as the magistrate. Yet, it appears Ki took no such actions at the time.

Could it be possible that there are two different interpretations of *'rajil'* (癩疾) or 'leprosy' that is being shown in these two citations? That what the commissioner 'saw' and 'interpreted' on the ground in 1445 is different from what had been assumed by the scribes six years later in the 1451 notice? The 1451 notice speaks of segregation of sexes, *kosam* (flavescent *Sophora* roots) pills and saltwater baths, which correspond neatly to Chinese medical prescriptions for 'leprosy' that had been known to Korean intellectuals at the time. The reference to segregation of sexes or sexual abstinence most likely derives from Sun Simiao's *Beiji qianjin yaofang* (*Essential Recipes for Urgent Use Worthy of a Thousand Pieces* 備急千金要方). According to *Leprosy in China*, the Daoist doctor preached sexual abstinence as the first and foremost rule to abide by in treating leprosy. "The first thing to stay away from is sexual intercourse."[54] There were other health and dietary restrictions to follow in this text, but Sun was emphatic in making sexual abstinence the priority in treating leprosy patients.

[54] Sun Simiao, *Beiji qianjin yaofang* (*Essential Recipes for Urgent Use Worthy of a Thousand Pieces* 備急千金要方), as quoted in Angela Leung, *Leprosy in China: A History*. (New York: Columbia University Press, 2009) 57.

And as for *kosam* pills (苦蔘元 or 苦蔘圓) cited in the 1451 notice, the prescription using the flavescent *Sophora* root to treat 'leprosy' is detailed in *Taiping huimin heji jufang* (*Prescrptions from the Imperial Grace Pharmaceutical Bureau to Benefit the People* 太平惠民和濟局方). This Song dynasty compendium of pharmacopeia states that for skin problems ranging from itchiness and leprosy to sores and puss, *kosam* pills and mustard soup are prescribed for consumption after meals.[55] Also, symptoms of 'leprosy' such as the collapse of bone structure and loss of eyebrow are mentioned. However, what is notable here is that *kosam* was prescribed not only for leprosy but also a slew of skin problems, which happened to include 'leprosy.'[56]

The only difference between the classical Chinese medical prescription on 'leprosy' and the Korean reference of 1451, it seemed, was the seawater baths. According *to Leprosy in China*, Chen Yan, the author of *San yin ji yi bingzheng fang lun* (*A Treatise on the Three Categories of Pathogenic Factors of Disorders* [1174]), suggested a bath treatment that was a fanciful potpourri of herbs and plants. As paraphrased by Angela Leung, Chen Yan, the "one of the most innovative medical writers of Southern Song" Dynasty, prescribed the following:

> … *mafeng* patients should take a series of two to three hot baths with ephedra root (*mahuang gen* 麻黃), wolfberry bark (*di gu pi* 地骨皮), and wild aconite root (*cao wutou*) mixed with pepper, green onion, Artemisia argyi leaves (aiye 艾葉), and rice vinegar. Patients were to bathe until profuse sweating resulted.[57]

The 1451 notice spoke only of using seawater or saltwater baths to treat patients and no further details were provided as to other medicinal materials that might have been included in the baths.

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[55] Taehan na kwalli hyŏpoe. *Hanguk nabyŏngsa.* (Seoul: Aram, 1988) 53. Section on *kosamwŏn* as appears in *Taiping shenghui heji jufang* in *Hanguk nabyŏngsa.* Taehan na kwalli hyŏpoe, *Hanguk nabyŏngsa*. (Seoul: Aram, 1988) 53.

[56] *Ibid.*

[57] Chen Yan, *San yin ji yi bingzheng fang lun* (*A Treatise on the Three Categories of Pathogenic Factors of Disorders,* as quoted in, Angela Leung*, Leprosy in China: A History*. (New York: Columbia University Press, 2009) 52.

In fact, the use of the saltwater seems to suggest both the lack of availability of medicines described above and also general cleansing and anti – septic treatment of infected skin.

That the Chosŏn officials displayed and referred so easily to Chinese medical knowledge, as in the case of the 1451 notice, was not at all surprising. At least from the time of the Three Kingdoms period (5th century BC ~ 668 AD) and onwards, Korean kings and intellectuals have been actively trading and importing *materia medica* (藥物), writings and experts with China. Records show that during the late Koryŏ Dynasty (13th ~ 14th century), Korean kings made repeated request to Yuan emperors for visits by the Yuan royal physicians for diagnosis.[58] Also, during the same period, Korean merchants utilized the vast trade network of Song and Yuan to engage in import and export of medicine and herbs with Chinese and Arabic merchants as well.

In addition, as part of this effort to engage in the universal circulation of knowledge of medicine (醫藥), another area in which both Koryŏ and Chosŏn Dynasties became heavily involved, were in publication and circulation of medical textbooks. During the Koryŏ Dynasty, major medical textbooks such as *Prescription of Local Botanicals for Emergency Use* (*Hyangyak kugupbang* 鄕藥救急方), *San Hezi's Prescriptions Using Local Botanicals* (*Samhwaja hyangyakbang* 三和子鄕藥方), *Old Prescriptions Based on Local Botanicals* (*Hyangyak kobang* 鄕藥古方), *Efficacious Prescriptions for People of the East* (*Tongin kyŏnghŏmbang* 東人經驗方), *Tested Prescriptions Using Local Botanicals to Benefit the People* (*Hyangyak hyemin*

[58] Yi Hyŏnsuk, "Silla t'ong'ilgi chŏnnyŏmpyŏng ŭi yuhaeng kwa taeŭngch'aek." Hanguk kodaesa yŏngu 31 (2009) 209 – 256., Sin Sunsik, "Koryŏ sidae ijŏn ŭi Hanŭihak munhŏn e kwanhan yŏngu." *Ŭisahak* 4 no.1 (1995): 31 – 40. Yi Kyŏngnok, "Koryŏ chŏngi ŭi chibang ŭiryo chedo." *Ŭisahak* 16.no.2 (2007) 111 – 131., Yeo In – sok and Yi Kyuch'ang, "Samguk sagi e nat'anan ŭihak kwallyŏn kisa ŭi punsŏk." *Uisahak* 1 no.1 (1992) 83 – 87.

kyŏnghŏmbang 鄕藥惠民經驗方) and *Easy Prescriptions Using Local Botanicals* (*Hyangyak kanibang* 鄕藥簡易方) were published and distributed.[59]

None of these texts mentioned above have survived to this day. However, in the Chosŏn Dynasty, during the reign of King Sejong, the previously cited Koryŏ Dynasty texts, along with major Chinese medical textbooks such as *Zhubing yuan hou lun* (*General Treatise on the Origins and Symptoms of Disorders* 諸病源候論), *Beiji qianjin yaofang* (*Essential Recipes for Urgent Use Worthy of a Thousand Gold Pieces*), *Taiping shenghui fang* (*Imperial Grace Formulary* 太平聖惠方), *Taiping huimin heji jufang* (*Prescriptions from the Imperial Grace Pharmaceutical Bureau to Benefit the People* 太平惠民和濟局方), *Shengji zonglu* (*General Record of Imperial Charity* 聖濟總錄), and *San yin jiyi bingzheng fang lun* (*A Treatise on the Three Categories of Pathogenic Factors of Disorders* 三人極一病發方論) were incorporated into the Korean dynasty's two grand encyclopedias on medicine, *Hyangyak chipsŏngbang* (*Standard Prescription of Local Botanicals* 鄕藥集成方,1433) and *Ŭibang yuch'wi* (*Classified Compilation of Medical Prescriptions* 醫方類聚, 1445). [60]

Modern Korean scholars have insisted on reading the translation of 'local botanicals' (*hyang'yak* 鄕藥) in *Standard Prescription of Local Botanicals*, as manifestation of an indigenous Korean national identity and as such, have paid little attention to the presence of

[59] Kim Tujong, *Hanguk ŭihaksa* 1954 (Seoul: Ch'ŏng'ŭmsa, 1981).; Miki Sakae, *Chosen uigakushi oyobi shippeishi* 1955. (Kyoto: Shibun shuppansa, 1991)

[60] *Ibid.*

Chinese medicine in Korean knowledge of medicine.[61] However, as So Young Suh has deftly read out the Chinese sources within these two Korean medical encyclopedias, the Korean "claim for local medicine was thus not so much a shift toward the independent realm of local knowledge, but rather a strategy by the marginal to relate local knowledge to what was regarded as universal knowledge."[62] In other words, the inclusion of Chinese medical knowledge as Korean medical knowledge in the case of the two encyclopedias signified the ambitions of Chosŏn Dynasty to become an authority to be reckoned by all whom participated in the universal knowledge of medicine and disease in East Asia.

Perhaps it was for this reason of desiring to become an authority in matters of medicine that in *Standard Prescription of Local Botanicals (Hyangyak chipsŏngbang* 鄕藥集成方) the reference to 'leprosy' contained in the volume derived from the Song Dynasty text, *Imperial Grace Formulary* (*Taiping shenghui fang* 太平聖惠方). According to Miki Sakae, 'leprosy' appears in volume three of *Standard Prescription*, under the 'wind category' (風問) of diseases. Titled *"P'ungmun taep'ung'ra,"* or '*Wind – catetory: Great wind leprosy"* (風問大風癩), Miki believed the term *'taep'ung'ra'* derived from *Imperial Grace Formulary* (*Taiping shenghui fang* 太平聖惠方), which in turn were taken from *Zhubing yuan hou lun* (諸病源候論) or *General Treatise on the Origins and Symptoms of Disorders.*[63]

Given this incorporation of Chinese medical texts within Korean medical knowledge, it is then not too difficult to see why King Sejong and his officials, as in this case of Ki Kŏn, the

[61] See, Yi Kyŏngnok's discussion of the absence of reading the Chinese 'origin' of many of the sources that have been insisted as indigenous Korean sources. Yi Kyŏngnok, "*Hyangyak chipsŏngbang* ŭi p'yŏnch'an kwa Chungguk ŭiryo ŭi Chosŏnhwa." *Ŭisahak* 20 (2011): 225 – 262.
[62] So Young Suh, "Korean Medicine between the Local and Universal: 1600 ~ 1945."
[63] Miki Sakae, *Chosen igakushi oyobi shippeishi.* 1955. Kyoto: Shibun shuppansa, 1991.111.

person in question, would 'display' his formal knowledge of medicine in the 1451 appointment notice. For a regime that was heavily invested in cultivating and producing an authoritative knowledge on medicine that could be on par with that of Chinese medicine, therefore, sophistry in medical vocabulary and knowledge would have been an ideal quality to be possessed by Chosŏn bureaucrats. It was for this reason that the 1451 appointment notice narrated the tale of Ki's 'rescue' of 'lepers' of Cheju Island, as the story highlighted his knowledge on obscure disease that was not familiar to many in the mainland.

The fact that the term *"taep'ung'na"* (大風癩) or *'great wind leprosy'* cited in *Standard Prescription of Local Botanicals* is not found within the *Veritable Records* also alerts us from assuming the use of this formal medical knowledge by the population. That is, as much as Ki's treatment of *'rajil'* (癩疾) spoke of the depth of comprehension of Chinese medicine by Korean intellectuals, it also revealed an idealized circumstance wherein which the Chosŏn government wished to flex its administrative capacity. A moment in time where King Sejong's regime could show its ability to treat a disease that is not well – known to Korean soil and also possessed of power to reach the populace living in the remotest part of the country. The government of Chosŏn Dynasty, from its earliest period to late 19th century, as shown by Martina Deuschler, John Duncan and Jahyun Kim Haboush in their respective works, was very much a centralized state that perpetually aimed for governing of the seemingly ungovernable.[64] Hence, Cheju Island, the southernmost corner of Korea whose customs were 'strange' to the mainland Koreans

[64] See, John B. Duncan, *The Origins of the Choson Dynasty*. (Seattle: University of Washington Press, 2000).; JaHyun Kim Haboush and Martina Deuchler, eds. *Culture and the State in late Chosŏn Korea.* (Cambridge: Harvard University Asia Center, 1999).

and *'najil'* (癩疾) whose obscure Chinese origin left it unfamiliar to majority of the population could now come under their control.

Yet, the disease that was initially diagnosed in the report filed by the commissioner in 1445 was not *'najil'* (癩疾) according to the medical textbook description known by Ki Kŏn, but more of another kind: *'Roe'* (癘 *li* in Chinese and *rei* in Japanese) or *'yŏk'* (疫 *yi* in Chinese and *eki* in Japanese). Or put together as one word as in *'roeyŏk'* (癘疫) or read as *'yŏngnoe'* (疫癘) in vice versa. Roughly translated as epidemic or contagious disease, in contrast to *'ra'* (癩) which had been unpopular as to appear only ten times in the *Veritable Records of Chosŏn Dynasty* (1392 ~ 1910), the references to *'roe'* (癘) and *'yŏk'* (疫) are littered across five hundred years of dynastic writing. Moreover, as mentioned before, the references to *'roe'* (癘) and *'yŏk'* (疫) are traceable all the way up to the Three Kingdoms period (5th BC ~ 662AD). Indeed, if one were to derive a more intimate and contemporaneous understanding of 'leprosy' and of all diseases in traditional Korea, it behooves to pay attention to Korean historical records on '*roe'* (癘) and *'yŏk'* (疫).

In *Leprosy in China*, Angela Leung had spoken of *'li'* (癘) and *'lai'* (癩) as being used interchangeably without much differentiations made between the two. Also, according to her readings, it appears no distinction in meanings had been attached either by doctors or general population in China. However, such was not the case in Korea. If the exact meaning of *'ra'* (癩), had been only understood by select few who were well – versed in Chinese classics on medicine, *'roe'* (癘) on the other hand, had become not only familiar but also important enough to merit the attentions of the state. This can be seen in the inclusion of *'roe'* (癘) in *yŏje* (厲祭), a state ritual celebrated by the king to pacify *'yŏgwi'* (厲鬼) or *'yŏkshin'* (疫神). The terms, *'yŏgwi'* and

'yŏkshin,' both translate as spirits of people who died of diseases and yet were not given proper burial rituals. In traditional Korea, diseases were understood as punishment from these spirits or ghosts who had been angered by the denial of proper burial rituals. To soothe their ire so that they may carry back the diseases that they brought down to the living, governments historically celebrated *'yŏje'* (厲祭), literally translated as 'spirit ritual,' so that devastation wrought by epidemics would be minimized and peace restored to the country.

Just how *'roe'* (癘) was perceived as to be important part of *'yŏje'* (厲祭) was illustrated in the instruction manual for spirit ritual composed by the Board of Ritual (*Yejo* 禮曹) and submitted to King Sejong in July of 1434, a year after the publication of *Standard Prescription of Local Botanicals* (*Hyangyak chipsŏngbang* 鄕藥集成方). According to the manual, the official in charge of ritual (*chŏnsagwan* 典祀官) was to write on the prayer tablet, major concerns for each performing occasions such as "flood, cold, *'roejil'* (癘疾), vermin (**蝗蟲**) and wars."[65] Moreover, by this time, *'roeyŏk'* (癘疫)or *'yŏngnoe'* (疫癘) had become almost an annual event that the government was compelled to issue a simplified and easy to follow prescriptions to be used by majority of population who had no knowledge of Chinese classics.

In June of the same year as above, the Board of Ritual also dispatched a selection of medical prescriptions for treating contagious diseases (疫疾) to those living inside the capital as well as to all outer areas (外方) of the country. The reason for so doing, according to the Board, stemmed from the infrequent consultation of instructions within the *National Code* (*Yukchŏn* 六典) on treating *'roeyŏk'* (癘疫) or epidemics and the negligence of local administrators in caring

[65] *Sejong sillok*. 65:358 The passage is as follows:
"典祀官帥其屬, 入奠祝版［其文若水旱、癘疾、蝗蟲、戰伐, 各臨時撰之］"

for the sick. Noting the high number of deaths due to lack of proper medical attention, the prescription promised prevention of death, if the measures outlined within were to be followed faithfully. Out of eleven prescriptions written, for *'roeyŏk'* (癘疫), the government recommended slicing a branch of peach tree that had been grown in the eastward direction into boiling water and taking bath with it.[66]

The 1445 report by the commissioner speaks of setting up facilities to administer baths to patients who contracted *'rajil'* (癩疾). Ki Kŏn's appointment notice of 1451 also spoke of saltwater baths. However, the reference to saltwater in and of itself reveals the treatment of 'leprosy' in 1445 to have not followed the medical textbook prescription. In fact, as the outermost region, Cheju Island always experienced chronic shortage of people and of materials. For example, a petition submitted to the government 1431 asked for an extension of the terms of service by the Confucian medical instructor (*kyoyu* 教諭) as the distance made it difficult for the appointed person arrive on the appointed date and thereby fulfill the term to completion. With few people available, the petition also noted that the medical skills (*ŭisul* 醫術) were not "accurate" or well – developed in the island. [67]

Given such difficulties of implementing and exercising medical knowledge as prescribed by the central government, it is most possible that on occasions where there were outbreaks of disease, those in the far regions of the country would have relied not so much on the mostly unavailable medical handbooks, which were also unwieldy and cumbersome, given their stupendous size, but would have trusted time – tested and already known measures for treating diseases. In this case, prescription for treating *'yŏk'* (疫)and *'roe'* (癘)or *'roeyŏk'* (癘疫), which

[66] *Sejong sillok.* 64:3:570.
[67] *Sejong sillok*. 52:3:310.

had by this time become standardized, as illustrated above, would most likely have been followed. Also, another matter to consider in this line of thought is that *kosam* pills (flavescent *Sophora* root 苦蔘元), which Angela Leung has described as having been popularly used to treat 'leprosy' in China, such was not the case in Korea.

Some twenty – three years after the report on *'rajil'* (癩疾), an outbreak of *'akbyŏng'* (惡病), was reported in the northwestern province of Hwanghae in 1474. Translated as 'malignant' or 'evil' disease, the use of letter *'ak'* (惡) to connote the disease indicated the severity of illness that manifested in the region at the time. Indeed, the damage wrought by the disease must have been extensive as to warrant an investigation into its cause by King Sŏngjong. After making inquiries, the investigators then submitted a number of factors that contributed to the outbreak of the disease. The reason for most part, stemmed from having caused offense to the spirits of the dead who died in battles during the Koryŏ Dynasty. Other reasons such as the misuse of Buddhist and shamanic properties for the construction of government buildings during the time of King Sejong were also cited as well. The report ended with recommendations on performing spirit rituals and providing adequate supplies of *nam* (藍 indigo), *ch'il* (漆 varnish or lacquer) and *kosam* (苦蔘 flavescent *Sophora* root) to the affected localities.[68]

Given such use of *kosam* for variety of uses, in this case, an acute epidemic, what becomes clear in methodological approaches to reading 'leprosy' and of all diseases in pre-modern Korea, is that readings on historical existence of disease must be performed contextually rather than literally. The literal reading of the sources as done by Kim Tujong, Miki Sakae and the writers of *History of Leprosy in Korea* (*Hanguk nabyŏngsa* 韓国癩病史) shows not so much

[68] *Sŏngjong sillok*. 15:8:634.

as to what could have happened in the past but more of what should have happened in the past.[69] If not for such insistence on projecting the modern conceptualizations of 'leprosy' into the past, how could it have been possible for Kim Tujong to assume without any evidence that 'leprosy' is a regional disease that has existed in the southern part of Korea? Or else, how could Miki Sakae have surmised that *'kamnoejil'* (感癩疾) mentioned in *The Memorabilia of the Three Kingdoms* and that the records on *'rajil'* (癩疾) in the *Veritable Records of Sejong* speaks of 'leprosy,' when *'ra'* (癩) merit so little appearance in historical records and also when it is so very clear that the word *'roe'* (癘) had been used to indicate diseases other than 'leprosy' in Korea?

Such modern intervention into reading historical records, also then explains the spurious question that had been circulating among the historically minded Korean leprologists for years as a credible line academic inquiry: Why in the *Veritable Records of Chosŏn Dynasty*, the writings on leprosy 'disappeared' after the reign of Kwanghaegun (1608 ~ 23)?[70] As mentioned earlier, there are only ten references to *'ra'* (癩) found within the dynastic records and they are mostly concentrated in the early to mid – Chosŏn Dynasty. The few citations that come afterwards rarely go over more than one line in the records. Given this phenomenon, the above mentioned enthusiasts on the Korean history of leprosy have been asking as to why writings on leprosy seemed to have disappeared after the 17th century. Like Foucault, who blithely assumed the

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[69] See, Daham Chŏng's criticism of the translation of *'hwayak'* (火藥) as 'gunpowder' in his article, "Chosŏn chŏn'gi ŭi chŏngch'ijŏk, chonggyojŏk chilbyŏngkwan, *ŭi* (醫). *yak* (藥) ŭi kaenyŏm, pŏmju, kŭrigo ch'iyu pangsik. *Hanguksa yŏngu*. 146 (2009): 119 – 157.

[70] According to *Hanguk nabyŏngsa* (The History of Leprosy in Korea 韓国癩病史), this question is posed as follows: "…as it can be seen here, leprosy relief work in the Chosŏn Dynasty was carried out from the reign of Sejong to Kwanghaegun, for about two hundred years. However, before the reign of Sejong and after the reign of Kwanghaegun, there are no significant records there to speak of …"
Taehan na kwalli hyŏpoe. *Hanguk nabyŏngsa.* (Seoul: Aram, 1988)61 – 62.

disappearance of the leper asylums in the post – Middle Ages Europe, these enthusiasts have all too simplistically assumed the 'disappearance' of 'leprosy' in Korea, when in fact, 'leprosy' did not even exist in the country until the late 19th century with the arrival of the missionaries and their 'discovery' of disease in Korea.

The historical 'break off' point or the last major writing on leprosy, according to this line of inquiry, was in 1612 during the reign of Kwanghaegun (1608 ~ 23). The *Veritable Records* show that in the 4th year of Kwanghaegun, the Office of Censor General (*Saganwon* 司諫阮) submitted a memorial to criticize the conduct of the local administrator of the eastern region of Kyŏngsang Province (*Kyŏngsang chwado* 慶尙左道) in handling the spread of *'taep'ungch'ang'* ('great wind sore' 大風瘡).[71] According to the report, *'taep'ungch'ang'* ('great wind sore' 大風瘡) was "such an evil disease" ("大風瘡, 天下之惡疾也") and many in the said region had contracted it and was now spreading to other regions of the province. According to the Censor General, those who had caught the disease were bathing in running streams in the hopes of cleansing themselves and also the itchiness was making many scratch their bodies and making the crustation formed from the sore to fall to the ground. The report warned that others could catch the disease by consuming fish from the infected waters and from chickens that had eaten the sore crustation.

Yet, despite the gravity of the situation, the report complained that the local administrators of the region were not taking this seriously enough to take measures to halt the spread of the disease and to treat those who had been infected. As the disease had been left untreated, it was spreading rapidly and was now threatening the borders of t neighbouring city of Ch'ungju and also Kangwon province. To make sure that the administrators were taking the

[71] *Kwanghaegun ilgi*. 52:32:50

proper steps to correct the situation, the report asked the king to open up a commission to investigate the conduct of the administrators of the three provinces and provide ample *material medica* (藥物) in order "to treat as many patients as possible." ("多般救療") Also, the report asked the local administrators to tour the infected villages and "to record the names (of the afflicted) into a book." ("一一成冊後") Lest the bureaucrats in charge become lax in their duties, the Censor General further asked that the king decree so that the irresponsible personnel can be punished for forsaking duties.

The last in particular, the monitoring of the villages and recording of the names of the patients into a book, had enthralled the aforementioned enthusiasts of Korean history of leprosy, as further evidence of the existence of pre – modern forms of leprosy control in Korea. Moreover, features such as isolation of patients, segregation of sexes, monitoring of the infected areas and recording the names of the patients, all seemed to be pointing towards some sort of 'proto – modern' or 'modern – like' forms of leprosy control that had once existed in the nation. According to this line of thought, the next logical question to then pose was why such modern forms of leprosy control, which began to flourish during the reign of Sejong (1418 ~ 1450), ended after the reign of Kwanghaegun (1608 ~ 23) and nothing more 'significant' to emerge afterwards. Without any contextual analysis, indeed, the above passage on *taep'ungch'ang* ('great wind sore' 大風瘡) seemed to show the once extant modern leprosy control that all too regretfully 'disappeared' after the 17th century, making the Korean case for writing history of leprosy, less of a history than it might have been.

That the 1612 case was not so much of 'leprosy' treatment than the attempt by the central government to curb the autonomy of the regions is shown by the fact that the memorial was submitted by none other than the Office of Censor General (*Saganwon* 司諫阮). This branch of

government was in charge of censuring the king and other governmental bodies for any wrongdoings. What had started as an advisory body, had by the time of Kwanghaegun, had increased its power to directly intervene in the appointment and termination of governmental posts. In the case of the local administrators of the eastern regions of Kyŏngsang province, they were most likely being targeted for not toeing the line with the new medical encyclopedia that had been published by the government two years before in 1610: *Tong'ŭi pogam* (東醫寶鑑) or *Precious Mirror of Eastern Medicine*. Along with *Standard Prescription of Local Botanicals* (*Hyangyak chipsŏngbang* 鄕藥集成方) and *Classified Compilation of Medical Prescriptions* (*Ŭibang yuch'wi* 醫方類聚), the *Precious Mirror of Eastern Medicine* had become the hallmark achievement of Chosŏn Dynasty in the production of medical knowledge. Totaling twenty-five volumes of texts, this compendium of medical prescriptions on diseases were written by a team of doctors, led by Hŏ Chun, under the orders of King Sŏnjo in 1596.[72]

The reason for the publication of *Precious Mirror of Eastern Medicine* (*Tong'ŭi pogam* 醫方類聚) vary from historian to historian. Some suggests the publication as means for the Chosŏn government to respond to popular health and epidemic crisis that rose after the Imjin War (Hideyoshi Invasion) of 1592. Others such as Shin Dongwon speculate more academic reasons of needing to reconcile the various differing medical philosophies into more comprehensive one.[73] It is most likely that the reasons for the publication of one of the classics of Korean traditional medicine stemmed from combination of the above two reasons. The need to respond to popular health concerns were met with the concerns of physicians who felt

[72] Kim Ho, *Ho Chun ŭi Tongŭi pogam yŏngu.* (Seoul: Ilchisa, 2000).

[73] Shin Dongwon, *Chosŏn saram Hŏ Chun*. (Seoul: Hankyoreh sinmunsa, 2001).

overwhelmed amidst the vast ocean of unsorted Chinese classical texts on medicine. Yet, whatever the reasons may have been, in relations to the 1612 memorial submitted by the Office of Censor General, the publication of *Precious Mirror of Eastern Medicine* (*Tong'ŭi pogam* 醫方類聚) was most relevant, as it contained a new vocabulary for disease that matched the disease described in the report: *'taep'ungch'ang'* (大風瘡) or 'great wind sore.'

The term, which was a merger of '*taep'ung'* (大風) and *'ch'ang'* (瘡) showed the efforts to reorganize the standing nosology of diseases into a more unified and comprehensive one in the 17th century. As shown by Leung, *'taep'ung'* in Korean or *'dafeng'* (大風) in Chinese, was the old term that was traced all the way back to the *Yellow Emperor's Inner Canon* (*Huangdi neijing* 皇帝內經 2nd BC.) and as for *'ch'ang'* in Korean or *'chuang'* (瘡) in Chinese, it was making appearance in Chinese medical texts by the 17th century, as etiological awareness was shifting from 'wind – induced' category to that of skin disorders. Moreover, as *'ch'ang'* or sore had been part of Korean medical lexicon for quite sometime, the rise of the term in Chinese medical discourse in the 17th century and concordant new medical concepts on skin disease, must have been readily accepted by Korean doctors. Given this, what the appearance of the term *'taep'ungch'ang'* ('*great wind sore'* 大風瘡) in the *Precious Mirror of Eastern Medicine* revealed was an uneasy attempt to reconcile the old with the new, as neither two terms could completely stand on its own. Hence, the old term, *'taep'ung'* (大風) was combined with the new one, *ch'ang* (瘡) in an attempt to make a new medical vocabulary that was more befitting to Korean context and also accessible to majority of population.

However, despite the intent to make medical knowledge readily available to people, the *Precious Mirror of Eastern Medicine* did in fact, remain inaccessible in the early stages of its

dissemination. Shin Dongwon, in his study of Hŏ Chun, the chief leader for the project, shows that due to lack of funding, although it was completed in 1610, this 17th century medical encyclopedia had to change publishing location at least twice before finally being published in 1613, a year before the submission of memorial by the Office of Censor General. Moreover, upon its publication, it was not regarded with much fanfare.[74] Unlike today, where it is seen as one of monumental achievements in Korean medicine, at the time, as Shin Dongwon illustrates, there was very little interest in the progress and completion of the project. As a completely marginalized or forgotten project of the state, it is therefore, quite likely that its content would not have been known to the local administrators of eastern regions of Kyŏngsang Province, when they suddenly found themselves being reprimanded for not taking proper treatment measures for a disease called *"taep'ungch'ang."* (大風瘡).

That this concept of disease was relatively new and unfamiliar to many could be seen in the very first line of the report, where the Censor General had to first explain what the disease was to the king: "*'taep'ungch'ang'* ('great wind sore' 大風瘡) is such a malign disease." ("大風瘡, 天下之惡疾也") This was then followed by description of symptoms for those who caught the disease (scratching the sore) and its possible route of infection, in this case, bathing in running streams and consuming fish and chicken that had been contaminated with it. To emphasize the gravity of this newly conceptualized disease, the report tried to show its rapid spread and its possibility of harming as many people as possible, when it described its spread to the borders of neighbouring Ch'ungju and Kangwŏn province. Whereas this disease was making rapid spread and causing alarms, in contrast, the memorial all too obviously stated that the local administrators were being negligent by doing nothing to halt the spread and to treat the sick.

[74] Ibid.

Although the memorial cast the local administrators in such unfavourable light, in reality, the said lax personnel could only but be 'negligent' as there were no deaths reported. Had there been a number of casualties reported, as in the case of *'roejil'* (癘疾)or *'yŏkbyŏng'* (疫病), it would have been of great concern and alarm to both central and local governments. However, as there seemed none who died of this disease, the local bureaucrats could afford to ignore a number of people found bathing in running streams or scratching themselves from itchiness. The reason for this had to do with lack of personnel and of other material resources to enforce the new medical knowledge and measures intended by the central government. When the *Precious Mirror of Easter Medicine* came out in 1611, it had been just over a decade since the end of the Imjin War of 1592, and most parts of the country were still recovering from devastation wrought by the seven – year international war. Moreover, the war had severely crippled the state and as result, the dynasty struggled to restore its power that had fallen to the ground as well as bringing back the localities under its control once again.

One possible way of regaining control over regions that had come loose from central authority was to impose new standards of centralization, in this case, the new disease concept of *'taep'ungch'ang'* (大風瘡). To insist that this new standardized disease term be observed by the localities, the Office of Censor General asked for measures for reprimands – an inquiry into the conduct of the local administrators and permissions to punish the negligent. The registration of the sick was another added measure of vigilance that the central government wished to impose upon the localities. However, it is most likely that this measure would not have been obeyed by bureaucrats of the said regions for the repeated lack of financial and human resources to do so.

The last feature in particular, the registration of the sick into the book, does appear strikingly similar to the regulation that required the reporting of the leprosy patients to the police

during the Japanese colonial period (1910 – 1945). For writers such as Kim Tujong, Miki Sakae and Korean leprologists such as Lew Joon, Kal Songch'ŏl and Sin Chŏngsik ,who contributed to the writing of *History of Leprosy in Korea*, the above feature would have seemed quite similar to patient registration by the hygiene police they would have witnessed during the Japanese colonial rule. For the already 'modern – minded' group, it would have indeed, been not so difficult to draw the link between the 1612 case to present day practice and thereby establish the argument of the existence of proto – modern forms of leprosy control in Korea.

This registration or recording of patient names in 1612, however, was not so much of a modern – looking practice that already existed in traditional Korea, but more of habitual part of the writing culture of Chosŏn Dynasty. As an agrarian state that possessed an extensive bureaucratic system, particularly for the purpose of tax collection, the Chosŏn government had developed means to register and monitor its own population: the household registry (*hojŏk* 戶籍) and identification tags (*hop'ae* 號牌). The household registry recorded the number of people in a family and their properties and as for *hop'ae*, which detailed the name and the location of the habitation of the bearer all subjects were required to carry with them when traveling outside of their own village. Also, the *Veritable Records* for 1611, just a year before this incident, shows extensive discussions being carried out in the government for implementing *hop'ae* (號牌) throughout the country. Given this, the recording of the names of *'taep'ungch'ang'* (大風瘡) patients was less of a forerunner to the modern day leprosy control and more of part of the traditional governing practice of Chosŏn Dynasty.

For Miki Sakae, who first developed Korean history of diseases in his *History of Korean Medicine and of Diseases in Korea*, the discontinuities and the general absence of records on 'leprosy' did not lead to posing questions on whether writing history of leprosy in Korea was a

possibility. Trained as a physician of Western medicine and also as a devout Christian, he could not doubt the pre – modern existence of 'leprosy' in Korea nor find faults with literal interpretation of historical records. Like his mentor, Fujikawa Yu (富士川遊), who wrote *The History of Japanese Medicine* (*Nihon igakushi* 日本医学史, 1904) and *The History of Diseases in Japan* (*Nihon shippeishi* 日本疾病史, 1912) among voluminous body of works, for Miki, history of medicine was one of positivistic development that culminated in the development of modern medicine. As such, the past historical records existed to 'explain' the present moment, in this case, modern Korean medicine that was developing under Japanese colonial rule.

Historians such as Kim Ho have already pointed out Miki's adherence to colonial historiography (*singmin sagwan* 植民史観) in his equation of civilization and modernization with colonization.[75] The past glorious achievements in Korean medicine and its decline during the late Chosŏn Dynasty when factional struggles stymied scientific developments, to Miki, explained the inevitable colonization of Korean under Japanese. For the enthusiasts of Korean history of leprosy, who also subscribed to such views on history as Miki, then seeing the disappearance of leprosy in the post – 17th century Korean historical records, was not such an anomaly or an aberration that brooked the question on the existence of leprosy in Korea, but an evidence of historical stagnation in late Chosŏn Korea.

I believe this very 'lack', 'absence' or *lacunae* of historical references to 'leprosy' in pre – modern Korea provides an invaluable insight not just for raising questions on methodologies of writing history of disease, but more importantly, questions on how then incommensurate terms such as 'leprosy' can become 'commensurate' for Korean and East Asian history of disease.

[75] Kim Ho, "Ŭisahakcha Miki Sakae ŭi saeng'e wa Chosŏn ŭihaksa kŭp chilbyŏngsa." *Ŭisahak* 14 no.2 (2005):1 – 22.

Indeed, the Korean case of making 'leprosy' as commensurate is so remarkable for the deep internalization exhibited by people who came to 'comprehend' and 'accept' the disease term. Kim Tujong and Miki Sakae are two such examples as illustrated above. Yet, the example of Yun Sunin, the North Korean leprosy patient cited in the beginning of the chapter, shows most powerfully the naturalization of term and its deep internalization that had taken place with very little resistance. If not for this, how can we explain her surprise, which still reverberated with her five decades after she first found herself having contracted the disease. Moreover, how can we also then explain her *disbelief* that a northerner such as herself had caught the disease that is usually found in the southern region?

That Korea held onto the notion of leprosy as 'tropical disease' even long after when the rest of the world moved away from seeing the disease on such terms is most tellingly shown by the construction of North Korean leprosarium in Wŏnsan in 1947. With the discovery of DDS (diamino diphenyl sulphate) in 1941, by the late 1940s, the world medical communities were already moving away from using camps or isolation quarters to treat and manage leprosy patients. Moreover, by 1952, the World Health Organization (WHO), in their blueprint for public health in South Korea, also pointedly recommended shifting from the costly isolation asylums to settlement villages as more appropriate choice for managing patients. Given this, the Korean case is almost exceptional for its demonstration of the rapidity with which foreign disease terms such as 'leprosy' came to 'settle' as an indigenous form of knowledge in the late 19th to early 20th century.

The notion of 'leprosy' was first introduced in the 1880s, with the arrival of the Western Protestant Missionaries. The earliest writing of 'leprosy' in Korea is attributed to Horace Allen, who in his report to the Chinese Imperial Maritime Customs in 1885, found that leprosy was

"everywhere" in Korea.[76] Since then, with the succession of missionary leprosy relief work and in particular, with the opening of Christian leprosaria in 1908 and 1913, by the time Yun Sunin 'discovered' herself with leprosy in 1947, leprosy came to be understood and internalized as 'southern disease' in Korea. Since its introduction in the late 19th century, it took less than a century for this *foreign* term to be accepted as *'mundungbyŏng,'* a disease that had supposedly existed since time immemorial in Korea.

What explains the acceptance and saliency of 'leprosy' in Korea? More than any other factors, I believe it is the geo – spatial imagination of 'leprosy' that had enabled commensuration between 'leprosy' to *'rabyŏng'* (癩病) and *'mundungbyŏng'* (문둥병) to take place. That China played an important role in the global circulation and dissemination of knowledge on leprosy in the 19th century, it has been already been pointed out by Leung in her *Leprosy in China: A History*. However, what has not been fully drawn out in her survey of the case importance of China in the writing of global history of leprosy was the crucial role played by geo – spatial imagination of 'leprosy' as 'southern disease' in articulating that leprous Chinaman who was poised over the pristine American soil, ready to defile and pollute the nation, as one illustration for San Francisco Examiner in 1885 showed.

To understand just how powerfully the geo – spatial imagination functioned to translate the foreign term and then articulate into a Korean sense of 'leprosy,' this chapter will conclude with two writings on the status of leprosy 'found' in Korea in the early 20th century. The first writing is by Charles H. Irvin, who was the medical missionary for American Presbyterian Church in Pusan. He arrived in Korea in 1893, and with Vinton and Smith, was one of the three

[76] Horace Allen, "Korea." In *China Imperial Maritime Customs II – Special Series No.2. Medical Report for the Half – Year Ended, 30th Sept. 1885*. (Shanghai: Statistical Department of the Inspectorate General of Cusomts, 1885).

members of the leprosy committee for the American Presbyterian Church founded in 1904. In 1910, Irvin wrote to *Without the Camp*, a quarterly magazine published by the Mission to Lepers to introduce the newly opened Pusan station and in this writing, he illustrates the very geo – spatiality of 'leprosy' he found within his own immediate vicinity of Pusan as well as the entire country. Irvin writes as follows:

> *Leprosy has existed in Korea from time immemorial* and during all these ages those afflicted with this most terrible of all diseases have not only had to bear the agony of mind and body, but have had to suffer the stigma of being outcasts – often hounded from home, shunned and cursed in the streets, and subjected to a cruelty that is seldom meted out even to a dog. One would naturally think that those thus afflicted would be objects of pity, and that their kindred and fellow – men would look with compassion on their unfortunate condition and strive to alleviate their misery. But the utter lack of all this is fully explained by the fact that Korea is pre – eminently a heathen country, lacking in public spirit, and the higher instincts of humanity were unknown among them until the spirit of Jesus began to influence them.
>
> *Leprosy is most prevalent in the southern part of the Peninsula, and its victims are found among all classes*. But as well – to – do man is the exception here, naturally the great mass of those thus afflicted are found among the poor and middle classes…It would be impossible to form any accurate estimate as to the number of lepers in Korea, but that it runs high into the thousands, and is rapidly on the increase, no one who has had any experience in dealing with them would deny[77]

Writing with firm conviction, Irvin tried to paint 'leprosy' as an ancient disease that had been in Korea "from time immemorial" and "most prevalent in the southern part of the Peninsula." However, despite such claim, Irvin in fact, had no way of knowing whether this was the case nor be in any position to find out if this was so. One of the reasons for this assumption had to do with that the leprosy committee for the American Presbyterian mission never launched a country – wide survey in Korea to assess the patient demographics. The committee was formed in 1904 for the purpose of establishing a leprosarium, but it was not able to get any actions going until

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Charles H. Irvin, M.D., "Help for the Helpless." *Without the Camp: The Journal of The Mission to Lepers in India and East.* 60 (1911): 3. italics mine.

1907. Part of the reason for this stemmed from the complicated negotiation that the American Presbyterian Church was involved with the Australian Presbyterian Church over the sale of the Pusan station.

Moreover, Irvin, who had been the medical missionary for the Pusan station had by this time had resigned his post due to his indiscretion. He had been caught having an affair with a Korean nurse and as a result, he resigned, divorced his American wife and had remarried the said Korean nurse by the time of this report.[78] With no employment and institutional affiliations, Irvin had began to support himself by selling the Korean equivalent of pink pills called *'manbyŏngsu'* (万病水), translated as 'cure water for ten thousand diseases.' Therefore, this American doctor who committed the dreaded transgression of racial boundaries, was not in any position to launch an investigation to find out whether indeed leprosy existed mainly in the southern regions of the country. He could only assume what he saw around his own place would apply towards the entire Korean nation.

The second writing that also explicitly displayed the geo – spatiality of 'leprosy' in Korea was the famed British leprologist, Roger Cochrane's survey of Korea published in 1929 called *Leprosy in Far East*. Cochrane was associated with the British leprosy relief organization called Mission to Lepers for British India and Far East that provided majority of financial funding in the opening of Pusan, Kwangju and Taegu missionary leprosaria. In fact, in the history of leprosy relief work in Korea, the Mission to Lepers was the single most important private charity organization for it enabled not only the opening of these three Christian leprosaria, but also for

[78] Irvin's file pertaining to his affair had been deleted at American Presbyterian Historical Society. Although the complaints by other missionaries of not wanting to speak further of Irvin shows the enormity of his 'crime' in the eyes of his fellow missionaries. The story involving his selling of 'cure water for ten thousand illnesses' had been part corroborated by Victor Heiser upon his visit to Korea in 1917. See, Victor Heiser, *Report of 1916 Trip.*

its long history of financial support for the above three institutions that has lasted over a century. The Korean Presbyterian church association with Mission to Lepers began in 1895 and still continues today as its operation is still found active in Taegu.[79] Indeed, despite its long history, the Mission to Lepers has not been given attention nor studied in the Korean academia. To better assess the role of the international aid and health organizations in the writing of Korean history of public health and welfare, it is time to pay attention to the records of the Mission to Lepers in the organization and operation of Korean leprosy relief work.

By the time Cochrane visited Korea in 1925, that leprosy was 'tropical disease' mainly found in the southern hemisphere had begun to be challenged by the introduction of germ theory in the late 19th century. Yet, not knowing the language and customs of a foreign country he was visiting for the very first time, he could only rely on the information that the locals supplied to him, in this case, the medical missionaries that ran the three Korean Christian leprosaria – James Noble MacKenzie for Pusan leprosarium, Robert Manton Wilson for Kwangju (later renamed as Sunch'ŏn Biederwolf) leprosarium and Archibald Fletcher for Taegu station. Based on the information that missionaries provided to him, Cochrane made the following observations.

He first noted the population of leprosy sufferers in Korea to number "as high as twenty thousand" and then saw that "fifteen thousand lepers are to be found in the four southern provinces, and only about five thousand in the nine northern." As to such geographic disparity or "reasons why the disease in Korea is so localized," he gathered for most part to derive from differences in population density, socio – economic status, geography, climate and most of all, the difference in diet between the northern and southern regions of Korea. Cochrane mused as follows:

[79] According to the Canadian version of *Without the Camp*, a small fundraising advertisement is placed for Korea at the back of the magazine.

> In the south, the density of the population far exceeds that of the north. A large proportion of the people belong to the peasant class. The northern portion is more rugged, and the people are more virile. In addition, the food of the north contains more of the essential elements in the making up of a satisfactory diet than that of the south. The meals in the south consists largely of rice and decayed or putrifying fish. While fish in itself does not seem to be an etiological factor in the causation of the disease, yet it can be quite easily understood that a diet consisting of large amounts of decayed fish would tend to lower the resistance of the body to such an extent that it would fall an easy prey to a chronic scourge such as leprosy.[80]

The decayed or putrifying fish that seemed to have repelled Cochrane was *chŏtkal* or fermented fish sauce that is used to season *kimch'i,* the spicy fermented cabbage that had been staple of traditional Korean diet for ages. The fish sauce varies from region to region, depending on the variety available to localities, but it is used in both northern and southern regions. The difference being that whereas *kimch'i* made in the southern regions – which in this case includes Pusan, Taegu and Kwangju, where the three leprosaria are located – is heavily spiced, *kimch'i* made in northern regions, in general, is less heavily seasoned with the sauce.

Not knowing such customs and diets, to Cochrane, the use of 'putrid' fish could only confirm the age – old suspicion in the West that eating rotten fish induced leprosy. Jonathan Hutchinson had made this hypothesis famous in his *On Leprosy and Fish Eating* (1906) and Cochrane, although too sophisticated to succumb to such hokey view, nonetheless, could only rely on what the Korean missionaries had supplied to him.[81] Moreover, as China had already been found to have leprosy mostly in the southern regions, it was then not too much of stretch to assume that Korea, yet another Oriental country which for most of her history, had been a suzerainty of China and now, colony of Japan, would doubtlessly have leprosy mainly in the southern regions of the nation.

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[80] *Ibid*.
[81] Jonathan Hutchinson, *On Leprosy and Fish Eating*. London: Archibald Constable & Co. Ltd., 1906

As argued above, this geo – spatial imagination of 'leprosy' as southern disease was crucial in enabling the commensuration between 'leprosy' and *'mundungbyŏng'* to take place. The almost instantaneous 'translation' and naturalization of the concept was made possible by the fact that it was visually comprehended disease concept rather than a complex discursive practice that required much study. As visually interpreted idea of 'south' and 'disease,' it could achieve correlative to Korean terms in a way that other disease concepts were not yet able to do so. In short, as geo – spatially imagined disease, it did not require much verbalization but could be instantaneously visualized and comprehended. Hence, *'mundung'i'* who could be found in the southern regions of Korea could be seen as 'lepers' by the missionaries and the paltry references to *'ra'* (癩) within the *Veritable Records of Chosŏn Dynasty* can be insisted upon as evidence of historical existence of 'leprosy' in Korea and most importantly, for Yun Sunin, the North Korean leprosy sufferer to be 'surprised' that northerner such as herself could ever be found with southern disease.

As case study for history of disease in East Asia, what the Korean case, in terms of its historical 'lack' or absence of modern disease concept such as 'leprosy' most cogently explains is that the universalization of the disease term 'leprosy' depended less on the commonalities of stigmatization of leprosy sufferers found in all societies, but on the very geo – spatial articulation of 'leprosy' as 'southern disease' that more easily find commensurate understanding in each localities.[82] All too often, as we have been caught up in explaining the stigmatization and social discrimination of leprosy sufferers in the first place that what had been forgotten and taken for so

[82] I came across Marta Hanson's Speaking of Epidemics in Chinese Medicine: Disease and the geographic imagination in late imperial China, after I finished writing this chapter. Although proper comment is not possible, I would like to reiterate that geospatial imagination is an active agent that facilitated the translation and commensuration between the Korean concept of *'mundungi'* to 'leper' and 'leprosy.'

granted for very long time was the imaginative power of visualizing leprosy as 'southern disease.' And how this geo – spatially imagined disease had enabled its 'global' spread and its construction as global history and not merely just as local or national history of disease and medicine. It is on this position of seeing the globality of 'leprosy' in Korea that the following chapters will narrate the workings of the global in Korea on actualizing 'leprosy.'

Chapter 2

Narrativizing 'Leprophilia' – Politics of Compassion, Humanitarianism and Moral Authority in Colonial and Post – colonial Korea

> *But you know very well that leprophils exist [said Dr. Colin to the Father Superior], although I daresay they are more often women than men, Schweitzer seems to attract them. They would rather wash the feet with their hair like the women in the Gospel than clean them with something more antiseptic. Sometimes I wonder whether Damien was a leprophil…*
>
> Graham Greene, *A Burnt – out Case*.[83]

In Korea today, leprosy remains one of the most morally compelling and publicly appealing disease to champion. From time to time, the South Korean media feature stories of celebrities making trek to Sorokto, the national leprosarium and performing for the elderly patients of the hospital. In recent years, no less than major international performers such as Vladmir Ashkenazy and his London Philharmonic have visited Sorokto and Cho Yongp'il, one of the legendary singers of all time in Korea, visited Sorokto in April of 2011 and sang for over three hours in front of an enraptured audience.[84] In fact, when Cho's visit to Sorokto became publicly known, praise and accolades poured in for the sixty – two years-old singer for his act of compassion and kindness. The public was even more moved to sing his praise after learning that

[83] Graham Greene, *A Burnt – out Case* as quoted by Stanley Stein in his autobiography. See, Stanley Stein with Lawrence G. Blochman, *Alone No Longer – The Story of a Man Who Refused be One of the Living Dead. 1963*. (Carville: The Star, 1974) 163 – 164.

[84] Kim, Yŏnggŭn. "Cho Yongp'il, Sorokto kong'yŏn, mi konggae sajintŭl." *Chosun.com blog news,* April 16th, 2011. http://pictory.chosun.com/article.log. view.screen?blogId =4449&logId =5474102 (Accessed, April 2nd, 2012)

the singer initially wished to keep his visit to the island private.[85] Unlike some celebrities who all too publicly make their work for good causes known, Cho's sincerity and humility in desiring to keep his visit as secret came as refreshing shock to the jaded public. As the patients of the hospital were understood to be some of the most unfortunate victims of social discrimination and intolerance, Cho's visit was interpreted as morally rightful act that gestured towards the 'inclusion' of the patients of the hospital and the community of Hansen's disease into the embrace of Korean society.

Indeed, this gesture of 'inclusion' of the Hansen's disease patients into the embrace of Korean society is not confined to celebrities alone. Since Korea's transition to democracy in 1987, politicians of various parties and their spouses have also made steady pilgrimages to this symbolic site of social prejudice and isolation in the hopes of offering their apologies for the past wrong doing and pledging for a better future. Lee Hee Ho, the wife of former President Kim Dae Jung visited the hospital during his presidency and this was soon followed by Kim Kŭnt'ae, the Minister of Health and Welfare under President Roh Mu Hyun.[86] In May 16th of 2009, Han Seung – soo (Han Sŭngsu), the former Prime Minister under the Lee Myung Bak government made a visit to the island as well.[87] In his speech to the patients of the island, Han apologized for the past sufferings of the Hansen's disease patients and offered his solemn promise to work hard

[85] Yang, Sŭngsik. "Cho Yongp'il, Sorokto kongyŏn, "hamkke kamdong han kongyŏn ŭn ch'ŏum."*Chosun.com*, April, 15th, 2011. http://www.choyongpil.com/zero/zboard.php?id=journalpds&no=1158 (Accessed, April 2nd, 2012)

[86] Yŏnhap news. "Soroktosŏ 1 il pongsa nasŏn Kim Kŭnt'ae pogŏn pokchibu changgwan." *Yŏnhap news,* Jan, 28th, 2005 http://media.daum.net/society/ others/ newsview? newsid= 20050128031050475 (Accessed, April 2nd, 2012).

[87] Ch'oe, Munsŏn. "Sorokto ch'ajŭn Han Suŭgsu ch'ong'ni, "Hansenin sahoejŏk ch'abyŏl sakwa." *Hanguk ilbo*, May 18th, 2009 http://news.hankooki.com/lpage/politics/200905/h2009051803082774740.htm (Accessed, April, 2nd, 2012) For audio – visual clip of Han's apology, see, http://tvpot.daum.net/clip/ClipView.do?clipid=15649599

to undo the past wrongs. By far, Han remains the highest – ranking politician in government seat to visit Sorokto and the Korean press was unanimous in singing the praise of the current government in paying attention to plight of these poor and unfortunate patients of the Sorokto. And soon after his visit, Han delivered on his promise and the Lee government announced the allocation of 150 million wŏn for the updating and improvement of the aging facilities of the hospital.[88]

Amidst the much publicized visit by Han, what was less known to the press was that Sorokto was not the only place that Han visited on his tour of the Hansen's disease communities in 2009. Shortly after leaving Sorokto, he also made visit to Sŏngsimwŏn, located in the mountains Sanch'ŏng County in South Kyŏngsang province.[89] This leprosarium was established by Italian Franciscan priests in 1956 and currently is one of the two major leprosaria operated by the Korean Catholic Church.[90] The other is the Lazarus Village in Ŭiwang City, Kyŏnggi Province.[91] The Prime Minister made the point of visiting the Catholic leprosarium in order to prevent arousing the ire of the Catholic sector of the Hansen's disease patients. Currently, the Hansen's disease population of Korea is divided into Presbyterians (Protestants) and Catholics and although the relations have improved over the years, it still remains somewhat testy at best. The rift between the two sectors is quite deep and it goes all the way back to the post - Korean War period when the two sectors clashed as the Catholic Church actively began to make inroads

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[88] Chŏnnam maeil. "Sagwa poda chŏngpu chiwŏn chŏlsirhan Hansenin." *Chŏnnam maeil*, May 19th, 2009 http://jndn.com/read.php3?no=89746& read_temp= 20090519&section=8 (Accessed, April 2nd, 2012).

[89] Nam, Chŏngryul. "Han Sŭngsu ch'ongni Sŏngsimwŏn ch'aja Hansen ŏrŭsin wiro." *P'yŏnghwa sinmun*, June 21st, 2009 http://web.pbc.co.kr/CMS/newspaper/view_body.php?cid=298775&path=200906 (Accessed, April 2nd, 2012)

[90] Sanch'ŏng Songsimwŏn, *Yesu sŏngsim ŭi maŭl – Sŏngsimwŏn 40 nyŏnsa* (Sanch'ŏng: Kat'olik ch'ulp'ansa, 2000).

[91] Sŏng Lajaro Maŭl. Sŏng Lajaro Maŭl 50 nyŏnsa. (Suwŏn: Archdiocese of Suwŏn, 2000.)

into leprosy mission business. The Catholic leprosy mission began in earnest in 1956 with the establishment of the Catholic Leprosy Service founded by Father Joseph Sweeney, an Irish – American priest and a veteran of the leprosy mission in China.[92] Before coming to Korea in 1954, Father Sweeney operated three Maryknoll leprosaria in Canton but with the founding of the PRC, along with other expelled Catholic clerics, he was reassigned to South Korea.[93] And as for the present composition of the Hansen's disease population in Korea, by far, the Protestant denomination remains the overwhelming majority, understandable given its long history that dates back to the 1880s. Yet, over the decades, the Korean Catholic Church has gained significant ground within the mission field and has grown into sizeable minority among the Korean Hansen's disease population.

This division between the Catholic and Protestant (Presbyterian) sectors has been an open secret within the Korean Hansen's disease communities for years but has not been well known to the outside world. To the public, the image of the HD patients, particularly that of the Sorok Leprosarium, is of aged, lone and frail beings who are just grateful for company such as that of Cho Yongp'il and high – ranking politicians. And as object of pity, the patients are interpreted as sanguine figures whose steep dependency on Church is merely understood as source of comfort for the long isolation they have endured and no critical scrutiny is ever posed on the topic. As it has been in the past, the South Korean public is only interested in begetting images of 'inclusion' of these objects of pity into the folds of South Korean society for their own reassurance. That is, for those who were ecstatic over Cho Yongp'il's recital or even that of Prime Minister Han's apology, the news of public good deeds reaching Sorokto reassures them

[92] Ch'ŏnjugyo Kurasa P'yŏnch'an Wiwŏnhoe, ed. *Ch'onjugyo kurasa* (Seoul: Hanguk Kat'olic nasaŏp yŏnhapoe, 2002): 139 – 140.
[93] *Ibid*.

of human goodness that is still left in their own society.[94] It is for this reason that images such as ones seen in the coverage of Cho's concert or Han's visit are periodically recycled in Korean media. As for the composition of these pictures, it has also rarely changed since when it first began to be circulated over a century ago: The 'outsider' – whether it is a foreign missionary or a Korean celebrity - poses frontal with his or her arms open to connote 'inclusive' gesture of the body. The patients in contrast, almost always occupy the lower half of the picture and are seen in a helpless and submissive state, implying their value as recipients of human sympathy and help. The pictures from the Prime Minister's visit to Sorokto were no different from this generic rule as the most popularly circulated image of that day featured Han shaking hand with an aged and bed – ridden patient who looked at him with beseeching eyes. To further instigate public sympathy, the newspapers faithfully recorded that this patient cried out imploring the Prime Minister to not to abandon him as he left the ward.[95]

As mentioned above, there was little media attention paid to Han's subsequent visit to the Catholic leprosarium in Sanch'ŏng County, with the exception of local and Korean Catholic media. Although this leprosarium had been known for its isolating terrain, as it is lesser known and located in deep inside mountainous region, does not provide the same kind of compelling picture of photogenic isolation as Sorok Island. Yet, as it is one of the major Catholic leprosaria in Korea, had there had been a modicum of media attention to Prime Minister's visit as it had

[94] The *Chosun ilbo* in particular has been most enthusiastic in sensationalizing the performance by Ashkenazy and Cho Yongp'il, as the newspaper funded the event. Also, it gave glowing coverage of the Prime Minister's visit.

[95] Ko, Yŏngho and O Chiye. "Hansenin kwa ch'oech'oro sonjabŭn Han Sŭngsu kungmu ch'ongni." *Chŏnnam CBS,* May 18th, 2009 http://www.ablenews.co.kr/News/NewsContent.aspx?CategoryCode=0014&NewsCode=001420090518150155537000 (Accessed, April 2nd, 2012).

been for Sorokto, perhaps there might have been some public awareness of the religious rift within the Hansen's disease population in Korea.

Currently, there are six Presbyterian churches, two Catholic churches and one Wŏn Buddhist shrine in the island. As to the number of followers, by far, the Presbyterian practitioners outnumber the Catholic practitioners and the Wŏn Buddhists do not have any practitioners.[96] And as for dialogue between the Catholic and Presbyterians, as it has been mentioned before, the two sides are civil but rarely interact with one another, unless it is for photo opportunities to be shown to the outside word, as it had been for Pope John Paul's visit to the island in 1984. Otherwise, the two sides jealously guard their territories and compete with one another to score yet more converts to their Church.[97] For researchers and any outsiders who attempt to forge connections with the HD patients in Sorokto as well as in HD communities in other regions of Korea, one of the first stumbling roadblocks to encounter is this fervent pitch for Christian evangelization. In most cases, if the interviewer or researcher is Christian, one stands a better chance of making inroads with the potential interviewees and for those who are not Christians, it is safe to assume that they would stand less chance of success.

One incident that illustrates this divide between the Protestant and Catholic population of Sorokto is the famous abortive attempt to ouster the director of the hospital that took place in

[96] Although there are six Protestant church, with dwindling number of patients, it appears some of these churches to not have been used recently. This is the case for Sŏmunri church on the island that has been left abandoned. As for the two Catholic Churches, one is for the staff and one is for the patients. And for the Won Buddhist temple, I have not heard or seen people going to the temple.

[97] Based on my experience interviewing patients and health workers at Sorokto and other leprosy resettlement villages. One of the very first questions asked of me by the patients was whether I was Christian and whether I go to church.

April 6th of 1954.[98] At the time, the director of the hospital was Dr. Kim Sangt'ae, who had previously worked at Sorokto during the colonial period. In 1948, he was appointed as the director by the Syngman Rhee government and when he came to the island, he repealed much of the autonomy the patients enjoyed during the brief self – governing period from 1945 to 1948. Under the American Occupation Government, at the instigation of then military governor Archibald Lerch, the Sorok Leprosarium underwent changes to 'democratize' the place to reflect the decolonization that was taking place throughout the country. Robert Wilson, the former director of Yŏsu Aeyangwŏn (also called Sunch'ŏn Biederwolf Colony), one of the three Christian leprosaria in Korea, was appointed as leprosy advisor under the Occupation government and he oversaw transformation in the island, which included the formation of patient self – government. When the self – government was finally formed and its first election took place in May 24th of 1947, the event was heralded by the Occupation as an example of democracy succeeding in Korea and Lerch sent his congratulatory telegram to Kim Minok, who headed the first ever self – government at Sorokto.[99]

When Dr. Kim Sangt'ae, who trained under the Japanese staff at Sorokto, returned to the island as its director in 1948, he rolled back most of the measures that had been implemented during the self – government period described above. According to patients who recalled this incident, he re – instated the much reviled fence between the patient and staff ward and carried out a very painful tissue extraction procedure that angered many patients. According to *80 Years*, the procedure involved the insertion of a long needle into the chest of the patient and

[98] Kungnip Sorokto Pyŏngwŏn. *Sorokto 80 nyŏnsa, 1919 – 1996*. (Kohŭng: Kungnip Sorokto Pyŏngwŏn, 1996) 125 – 132.

[99] Jane S. H. Kim, "Leprosy and Citizenship in Korea under American Occupation, 1945 ~ 1948." *Sahak yŏn'gu* 100 (2010): 253 – 283.

extracting a sample tissue. The patients endured the painful procedure under the belief that this was a medical treatment. When they found out that the procedure was carried out for laboratory experiment and not for the purpose of treating them, the angered patients asked the hospital to put a stop to the experiment, but the hospital declined. In effect, with the fence and the forced medical procedure being carried out, Kim seemed to be reverting back to the colonial era practices and patients who had gotten used to the liberty enjoyed under the self – government fiercely rebelled against Kim's unilateral actions. Led by Kim Minok, the head of the self – government cited above, the Protestant patients came to head with the hospital staff in April 6th of 1954.[100]

Triggered by rumours of possible expulsion of Kim and other executives of the self – government, the Protestant patients asked the Catholic patients of the hospital for support in seeking the resignation of the director, but the Catholic sector refused and instead sided with the director. It is also rumoured that Dr. Kim gave Catholic patients preferential treatment in an attempt to bolster his standing among the patients. Angered by the turn of the events, the Protestant patients attempted to physically move past the barrier and lodge the complaints in person to the director. However, the police were called in and the incident was put down with considerable force. The Protestant patients, including Kim who masterminded the whole affair were expelled from the hospital to the settlement village called Sosaengwŏn, near Chŏnju and others received forced confinement in the Sorok confinement cells.[101]

At the time, the event was not known in the public. However, shortly after the event, Kim Ch'angin, the head of the Provincial Assembly of South Chŏlla Province wrote to the

[100] Kungnip Sorokto Pyŏngwŏn, *Sorokto 80 nyŏnsa, 1919 – 1996*. (Kohŭng: Kungnip Sorokto Pyŏngwŏn, 1996) 125 – 132. The manuscript prepared for the 80 Years has more detailed explanations of the events and names of people who were involved.
[101] *Ibid.*

United Nations Korea Relief Agency (UNKRA) to seek financial support for expansion of facilities and donation in food and supplies.[102] Noting the year escape of 400 to 500 patients from the leprosarium, as soon as the basic needs were met, the escape would decrease, it was suggested.[103] On the surface, it was the request for aid to prevent escape, but given how this request came less than two weeks after the incident, one can see how Korean public might have feared any possible social disturbance created by incidents such as the April 6th 'revolt.' To this day, however, the Protestant patients in Sorok 'remember' this incident as an instance of persecution of their faith.[104] And as for the Catholics, who were in the minority at the time as they are still today, this incident only marked the first in series of events where the Presbyterian patients staked dominance in the island affairs through its sheer majority in numbers.

To visitors who make the cursory stop at Sorokto, as in the case of the Prime Minister, this religious divide is not immediately noticeable. One begins to detect this important social dynamic that governs the life inside the island and of other leprosy communities in Korea only after spending time at the place and after forging rapport with the patients. If not, outsiders, media and researchers alike, usually bypass this sensitive issue in the race to capture the last ounce of compassion and humanism left on earth on film. However, when he visited, Prime Minister Han was spared from committing any oversight as he was guided by one of the 'insiders' or in this case, a former HD patient who spent time at the Sorok Leprosarium. Im Tusŏng, a former member of the National Assembly for the Grand National Party (recently renamed as the New Frontier Party), was the mastermind who orchestrated the apology from the

[102] "Kŏnŭisŏ – Chŏlla namdo ŭihoe." RG 59 Entry UD – 07D 78 Box #9 National Archives and Records Administration. College Park, Maryland.
[103] *Ibid*.
[104] Based on my experience, 'knowing' this story made my interviews of elder patients much easier as they appreciated my awareness of the 'real' inside story of the history of the institution.

Lee Myung Bak government and the flurry of activities behind the compensation of the Hansen's disease victims for the forced segregation and sterilization of the patients by the South Korean state. Born in Haenam, South Chŏlla Province, Im entered Sorok Leprosarium when he was 18 and spent 2 years in the place.[105] Afterwards, he settled near Yong'in, Kyŏnggi province and rose to prominence within the HD community to become the president of the Hanvit Foundation in 2003, arguably the largest civilian HD welfare organization in Korea until his resignation in 2010. He was given the nomination by the Grand National Party in 2008, and became the National Assemblyman on the assigned ballot. Since then, he received media attention in raising profile on the issues related to Hansen's disease in Korea. In 2009, he was arrested for taking bribes over 2 billion wŏn from a local construction firm and also more than 25 billion wŏn purportedly as donation for the Hanvit Foundation from redevelopers in his area. He was sentenced to three years in prison but has been released on sick leave.[106]

When Im was arrested on charges of bribery and swiftly jailed by the justice system, although some were shocked, those inside the HD communities and others who have also been aware of Im's questionable past activities were not so surprised. Particularly, for those who have been skeptical of Im's long duration as the president of his organization and the lack of transparency surrounding his activities and that of Hanvit for years felt Im's shady history was a time bomb set to explode at one time or another. Indeed, Im had been mired in controversy from

[105] Iltan. "Im Tusŏng, kŭrŭl malhanda." http://blog.daum.net/kimji9711/11764106 (Accessed, April, 2nd, 2012)
[106] Paek, Sŭngkyu. "Koyang chaegaebal 250 ŏk pijagŭm, kŏm Im Tusŏng sohwan." *MBC*, Dec. 11th, 2010 http://media.daum.net/society/others/newsview?newsid=20101211094520814 (Accessed, April 2nd, 2012).
For note, 2 billion wŏn is approximately 1.8 million USD and 25 billion wŏn is approximately 23 million USD.

the time he received nomination from the Grand National Party. At the time, his criminal record – 12 counts, 10 counts of fines and 2 prison sentences, including the use of physical force, came to light. The opposition parties protested the decision by the Grand National Party to nominate someone with such extensive criminal records, but this protest was buried under the symbolic gesture of electing a former Hansen's disease patient to the National Assembly.[107]

With Im's nomination, the Grand National Party could claim the mantle of championing human rights and welfare of the victims of past social discrimination and prejudice. His election as member of the national assembly then can be construed as 'compensation' and gesture of reconciliation between the HD communities and the 'normal' Korean society, it so seemed. And as for the opposition, they could only launch tepid protest as the symbolic gesture of 'inclusion' and moral authority assumed by Lim and that of the government party was too powerful to overcome. Indeed, when the opposition parties attempted to raise questions on his record, many in the HD communities voiced protests over the biased and harsh scrutiny of Im and also criticized the opposition for lack of awareness and sensitivity towards the difficult and marginal lives led by the HD communities in Korea.[108] Im's criminal record could be explained as result of the discrimination against the Hansen's disease patients in Korea. Although it is true in general that the Hansen's disease patients in Korea have been subject to socio – economic

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[107] Yi, Kukhyŏn and Chu Inyŏng "Im Tusŏng, chŏnkwa ŭnp'ye, Yŏ "munje ŏpta vs. Ya "ch'ŏlchŏ susa." *Newsis,* May 13th, 2008 http://media.daum.net/politics/assembly/newsview?newsid =200805131654 09885 (Accessed, April 2nd, 2012).

[108] Ch'u, Kwanggyu. "Im Tusŏng chŏnkwa nŭn Hansenin tŭrŭl wihan hŭisaeng" Kungnip Sorokto Pyŏngwŏn Wŏnsaeng Chach'ihoejang Kim Chŏnghaeng…sinjunghan podo haedalla *Internet news Shinmoongo*, May 22nd, 2008 http://www.shinmoongo.net/sub_read.html?uid=3912&section=sc1 (Accessed, April 2nd, 2012)

discrimination, how this could explain for example, the physical use of force and beatings, none ever volunteered more explanation. As they are none other than elderly Hansen's disease patients who have led such unfortunate and tragic lives, the public need to make moral amends towards these sad and pitiable creatures outweighed the need to conduct an impartial preliminary investigation into Im's qualifications. And in the face of such powerful moral and emotional suasion, factual truths could but put up feeble defense. After all, who would dare to throw stones at efforts to advance the human rights of the HD patients in Korea, even if they happened to be tinged with a bit of criminality?

As mentioned in the beginning of the chapter, this morally and emotionally charged disease makes it one of the most popular diseases to champion in Korea and through out the world. The most prominent champion of the HD communities in Korea was the late Yuk Yŏngsu, the wife of Park Chung Hee, the longest serving dictator of Korea and the mother of Park Kŭnhye, the current leader and the newly elected presidential candidate of the New Frontier (formerly Grand National) Party. Yuk began to publicly endorse patient communities beginning in the 1960s and she visited many leprosy settlement villages to show her support. For many of the communities, her support was timely, as often, they were embroiled in disputes with local residents who opposed the proximity of these villages to their own and Yuk also did not stint any financial and material support for the betterment of the HD – related activities. *Saebit*, the very first magazine on Hansen's disease in Korea, secured nationwide publication and distribution network with financial backing from Yugyŏng Foundation, the charity foundation established by

Yuk.[109] Indeed, in interviewing the older patients, one often comes across stories of her donation of money and supplies to various settlements and resettlement villages in Korea.

As the first lady of Korea, Yuk's efforts made such powerful impressions on the HD population that when she was killed by a Zainichi Korean youth in 1974, the patient communities throughout the country collected funds and erected a monument in her honour in Sorokto. Given such past history, it is not too surprising then that the majority of the HD communities in Korea currently show support for Ms. Park Kŭnhye and the government party.[110] With her championing of leprosy, Yuk also set the precedent for the later presidential wives to 'adopt' diseases as their part of their national causes. Lee Soon Ja, the wife of Chon Doo Hwan, the dictator who succeeded Park Chung Hee and who was responsible for the massacre in Kwangju, supported pediatric heart disease. At the time, it was rumoured that she modeled herself after Nancy Reagan in choosing heart disease. The official recognition given by the Reagan administration gave Chun much needed boost in legitimizing his coup d'état and might have played a role in her selection of the disease. And as for Kim Ok Suk, the wife of Roh Tae Woo, the second hand man to Chun and one who succeeded him under the 'democratic' election of 1987, ended up championing Paralympics and pediatric disability. The successive presidential wives also adopted various disease and health concerns, but utilizing the moral appeal of disease

[109] From interview with Mr. Sin Chŏngha, former editor of *Vision* and publisher of *Chongch'ak*, a leprosy magazine he founded after his tenure as the editor of *Vision*. He glowingly recalled the excitement of sending the first batch of printed *Vision* to Yuk's Yugyŏng Foundation and seeing the national distribution of the magazine.

[110] I witnessed this strong emotional and visceral attachment to Yuk Yŏngsu, the older Hansen's disease patients have, during the public hearing convened by Im Tusŏng, the disgraced National Assemblyman mentioned earlier, on the need for revision to the current Hansen's disease special law in Korea in February 20th of 2009. As this was public hearing in the national assembly, major institutions as well as many elderly patients were in attendance. When Ms. Pak Kŭnhye made appearance, there was an audible gasp in the audience and several elderly ladies nearby murmured that Ms. Pak was a spitting image of her mother.

and health concerns as part of image making for the government began with Yuk and her sponsoring of the HD communities in Korea. And as for leprosy, although the disease of the moment came and went with successive changes in regimes, its appeal to the political powers never waned so that as late as 1992, selected children of the leprosy resettlement villages were invited to lunch at the Blue House, the South Korean presidential residence.

For the South Korean state, perhaps the most famous attempt to offset negative images through sponsoring leprosy was the permission given to Pope John Paul II's visit to Sorokto in 1984.[111] His visit to Korea came at a time when the democratization movement began to intensify against the Chun regime and many viewed his visit as tacit endorsement for the democracy forces by the Vatican. Given Pope John Paul's role in the Polish democratization movement, this was not such a stretch of interpretation applied to the Korean case. However, what many did not take note was that the Chun regime gave permission for the papal visit as part of efforts to blunt international criticism against the regime for the repression of civil liberty in South Korea. And for such purpose of image makeover of his dictatorship, Sorokto fit into the scheme neatly as it was sufficiently Christian and yet devoid of political rabble rousing as to be safely 'opened' to the outside world. Moreover, as the directors to Sorok Leprosarium were government appointees, they usually toed the lines of government policies, lest they were to be in trouble. The most well – known of Sorok directors who were in proximity to political powers were Cho Ch'angwŏn, the 14th and 20th director who was the model for Yi Ch'ŏngjun's Your Paradise (1973), by far the most famous fiction on Sorokto, and Sin Chŏngsik, the 22nd director of the national leprosarium.

[111] So, Chŏngbo and Yun Chŏngku, "Kyohwang sogŏ, siryŏn ŭi Hanguk yŏksa Poland wa talma."*dongA.com*, Oct. 9th, 2999. http://news.donga.com/3// 20050403/ 8175917 / 1 (Accessed, April 2nd, 2012).

Ardent supporter of Park's coup, Cho was appointed as the director of the national leprosarium and attempted to 'reform' the island according to the 'revolutionary' platform of the newly established Park junta. Armed with 'revolutionary' fervour, upon his arrival at the island, Cho saw the flourishing of the Christian churches as Western 'excess' and ordered them to shut down.[112] He also strove to rid the place of any remnants of colonial heritage and replace it with 'new' revolutionary contents. And as for patients who had been witnesses to this upheaval that hampered their religious freedom, they remembered this episode as yet another incidence of 'persecution' of their faith and some carried grudges against the director for quite some time.[113] The eventual construction of the Central Church near the hospital ward that was built with patient labour and efforts which many recalled later as miracle and triumph of their faith. After leaving the island, Cho later converted to Catholicism and worked as doctor in the remote mining town of Changsŏng in Kangwŏn province before retiring.[114]

And as for Sin Chŏngsik, who worked at the national leprosarium from 1974 to 1985, he came from a prominent family in Kohŭng County near Sorok Island. Trained as optometrist, he had already served a brief stint at Sorokto during Korean War. His older brother, Sin Hyŏngsik, served as secretary of the Democratic Republican Party, the government party created by Park Chung Hee and also served as member of the National Assembly for the Kohŭng region as well.[115] He succeeded Cho to the post, when Cho became mired in controversies surrounding

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[112] Testimony of Chŏng Insim. In Kuksa p'yŏnch'an iwŏnhoe ed. *Hansenbyŏng kot'ongŭi kiŏk kwa chilbyŏng chŏngch'aek.* (Kwach'ŏn: Ch'ŏnse, 2005) 179 – 182.
[113] *Ibid*.
[114] Cho Ch'angwŏn. *Hŏhŏ, nairong ŭisa oegildo chegil ingŏlyŏ*. (Seoul: Myŏngkyŏng, 1998)
[115] Prior to his government posts, Sin Hyŏngsik worked as publisher of textbooks. After catching Pak Chung Hee's attention, he made rapid ascent in political career to become in the end, the minister of agriculture under Pak. As for the rumour of mass pro – government votes coming out of Sorokto, it has been a very popularly told tale and several have repeated this to me as well. My guess is that as Sin took over right after the patients' Oma Island land reclamation

irregularities in financial record keeping. For Sin, rumours circulated for years of mass pro – government votes coming out of the national leprosarium under his directorship and some went so far as to speculate that he 'volunteered' for the post at Sorok, which many doctors refuse due to low pay and poor working conditions, for securing votes for his older brother in running elections. Given such record of intimate associations between Sorok and the political powers, the Chun regime might have felt safe in granting papacy the access to Sorokto. Some were sharp as to note that in his interactions with patients at Sorok, His Holiness kept a safe distance when he gave his blessing.[116] This 'distance' in fact, can actually be said of Yuk, who had been called 'Mother' by some patients, as well. Although pictures of her visits to resettlement villages show her to be in proximity with the patients, there have been no pictures of her actually touching patients. To those who seek to acquire images of compassion and humanism, leprosy had been one of the most popularly sought after diseases. The superior moral standing acquired by reaching out to the wretched afflicted by this scourge of the mankind is a practice that the various powers have exploited since 'leprosy' was first introduced in Korea.

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efforts were taken away from them, they might have channeled their resentment and suspicion against Sin. Also, as the relations between Sin Chŏngsik and the patient population had been uneasy, it is just possible that unflattering rumours were circulated to discredit him. In fact, one patient who grew up in Sorokto, 'remembered' Sin with visible shudder. For note, Sin suffered from polio at an early age and as result, had walking difficulties. He required cars to cover the grounds of Sorok Island, but this, even to some patients were seen as his indulgence in extravagance. His son, Dr. Sin Chŏngho explained that the car was a beat up Beetle given to Sin by one of the missionary nuns. (from my interview with Dr. Sin Chŏngho, Wŏnju Christian Hospital, Feb. 14th, 2009)

[116] Although His Holiness touched the head of the patients while giving blessing, another rumour also circulated of him washing his hands immediately afterwards. As for the existence of this rumour, Dr. Sin Chŏngho clarified that some might have connected two irrelevant events to create unflattering portrait of the Pope. As Sorok Island is predominantly Protestant, it is just possible that those had been critical of the papal visit might have expressed their criticism through such rumour. (from my interview with Dr. Sin Chŏngho)

The most important function of 'doing good for the lepers' or 'leprophilia,' in paraphrasing Graham Greene's coinage of the term 'leprophile', was the acquisition of moral authority and the naturalization of power for those who support the cause of leprosy. This was evident in the case of the nomination of Im Tusŏng, the disgraced member of the National Assembly for the Grand National Party. In the face of compassion and humanism as symbolized in his nomination, the opposition was powerless to mount credible objections to the nominee selection process of the Grand National Party. Indeed, in the face of human story of triumph against social discrimination and injustice, factual truths were willingly overlooked both by the party selection committee and the public. Emotional satiation derived from consuming this HD version of the Horatio Alger story outweighed the need for objectivity and truth. And for the Lee administration, which had been badly shaken from the start by the massive civilian protest over its decision to import U.S. beef, 'moral authority' begotten by supporting leprosy, as seen in the staging of Prime Minister Han Sŭngsu's turgid apology to the HD community in 2010, was one of the easiest ways of turning around public criticism and gaining much needed support for the cornered regime. In short, moral authority created by 'leprophilia' produced public consensus, which then translated into legitimacy for political regimes.

Historically, this acquisition of political legitimacy through moral authority has been most visible within the political right in Korea. In particular, this practice of naturalizing power through popular causes is most observable in the merger between Christianity and anti – communism, arguably the two most powerful ideologies to shape the South Korean state since 1945. When explaining the allure and its continued salience in South Korea today, within Korean scholarship historical factors such as the Christian missionaries, the Japanese colonial state, the division system (*pundan ch'eje*), the Cold War, the Korean War and national security

law to name a few are invariably mentioned. Yet, little attention has been paid to 'civilizing missions' such as leprosy control in the ideologization of anti – communism and Christianity in the socio – cultural realms of contemporary South Korean society. That is, the current interpretations on the 'origins' of South Korean state misses the creation of public consensus and social 'norms' generated through morally 'worthy' causes such as leprosy and how such socio – cultural norms or 'authority' then had the power to legitimize the state as well. Simply interpreting ideologies as mere byproduct of the macro – politics of the state hinders the examination of the workings of social 'norms' and its dynamics in constructing and the nation – state at the level of locality.

This legitimation of the modern state derived from morally 'worthy' diseases such as leprosy will be discussed below with case studies of three well – known 'saints' of Korean lepers – Frederic Forsythe, Ch'oe Hŭngjong and Son Yangwŏn. These three figures are called 'saints' not for any canonization by Vatican but for the tacit public recognition of their unblemished moral virtues and good Christian deeds. And for this public consensus on their status as 'saints,' 'leprosy' played a critical role in vouchsafing their supposed superior moral characteristics. In other words, no matter how circumstantial and poor the historical records maybe to base such claims, the all too powerful and symbolic gesture of 'saving lepers' washed out any doubts or skepticisms one might have had of assigning sainthood to these three men. Like the nomination process for Im Tusŏng, the public longing for 'leprophilia' turned these three men into 'saints' after their deaths and more disturbingly, the hagiography thus constructed had also become a source of power and authority for those who claim themselves as heirs to their legacies.

Today, in the localities of Kwangju, Sunch'ŏn and Yŏsu where these three men once carried out their leprosy ministries, myths and tales of their good deeds still endure and thrive.

Forsythe's 'discovery' of a Korean leper woman has long been woven into naturalizing Christianity as rightful part of history of Kwangju. Ch'oe Hŭngjong and his march of lepers to Seoul was posthumously cast as an example of Christian social activism to erase the trace of the leftist activities and the ideological radicalization that once riddled the Honam area in the immediate post – liberation period. Son Yangwŏn, the most famous of the three, became the iconic martyr of the Korean Protestant Church for his death at the hands of invading North Korean communists during Korean War. His ascension to the status of saint derived from his absent ministry at Yŏsu Aeyangwŏn, one of the three oldest Christian leprosaria in Korea. And thanks to 'heirs' who continue to uphold their legacies, the hagiographies of these Korean saints are ceaselessly regenerated to further ideologize anti – communist Christianity within the socio – cultural realms of the Korean society. In the guise of compassion, humanitarianism and moral authority, these tales of august saints are narrativized to neutralize resistance, naturalize power and ultimately legitimize the South Korean state which still exerts efforts to align the civil society according to the politics of anti – communism and Christianity.

Picture 1 – Yuk's visit to Resettlement Village, Sangjiwŏn, Iksan (1972)[117]



[117] According to an article in *Pokchi* (Welfare) which covered her visit to Sangjiwŏn Resettlement village, Yuk shook hands with the children of the village. There are no other mentions of her shaking with adult patients of the village. Yet, the myth of her taking off her gloves and shaking hands with everyone in the village began to circulate after her death in 1974. According to this legend, when her aids advised her to put on gloves to shake hands, she refused and Pak Chung Hee, was later supposed to have been moved by Yuk's audacity to touch him with the same hands that she had earlier shaken hands with the patients. See, "Yuk Yŏngsu yŏsa Sangjiwŏn pangmun." *Pokchi* (Sept., 1972). Also, see "Na hwanjach'on pangmun." from Yuk's cyber memorial website. "Na hwanjach'on pangmun." http://www.yukyoungsoo.or.kr/bbs/detail.aspx?bbsname=pic4&seq=2379 (Accessed, August 14th, 2012)

Picture 2 – Yuk monument at Sorok Island



Frederic Forsythe – The Good Samaritan

Frederic Forsythe was the medical missionary for the Mokp'o station of the American Southern Presbyterian Church. One eventful day in 1908, he received an urgent message for aid from Owen Clement, the medical missionary for Kwangju. He responded and set out for the town of Kwangju, which is about 70 km away from the port city of Mokp'o on a donkey. When he neared the outskirt of the town, he found a Korean woman lying on the road seemingly gravely ill. Upon approaching her, he found that she was afflicted with leprosy. He put the near dead woman on back of the donkey he was riding and then led the pair on foot towards the Kwangju Christian Hospital. Also known as Ella Graham Hospital, this first modern hospital in Kwangju was established by the American Southern Presbyterian Mission in 1904. When Forsythe entered the hospital ground with the leper woman, a maelstrom of fury broke out among the Korean patients in the hospital. They refused to be in the same ward as dirty leper and threatened to leave if the missionaries were to insist on having the woman in question stay at the hospital. With such fierce resistance towards the leper woman, Forsythe was forced to put her inside a pottery kiln located in the backyard of the hospital and he nursed her for ten days. Despite his loving care, the woman died shortly afterwards. This is the founding tale of the beginning of the Kwangju Leprosarium in 1908.[118]

[118] Mun Sunt'ae, *Songja ŭi chip'angi – Yongwŏnhan chayuin Obang Ch'oe Hŭngjong moksa silmyŏng sosŏl*. (Seoul: Tajiri, 2001).

Since then, this story of Forsythe's utter Christian deed had been retold countless times as the beginning of the leprosy work in Kwangju Leprosarium. It had all the dramatic elements – the saintly Western missionary, the sick Korean body and the recalcitrant local natives – to narrativize the naturalization of the Christian leprosy mission as ethical and rightful act to carry out as fellow human beings. Whether the local residents of Kwangju had been truly startled by the sight of the leper woman on horseback or they had been really hostile towards her hospitalization, hardly mattered. To the missionaries in Korea, what mattered was that there were requisite factors to compose the narrative of foundation tales like that of Father Damien of Molokai and Mary Reed of Chandag, India. As they faced the task of introducing medical practice that was purportedly 'new' and 'foreign,' they needed a story of Christian humanism in order to elide over any possible resistance and backlash against their efforts.

This 'new' and 'foreign' practice of Christian leprosy mission, which according to the missionaries, were greeted with much hostility, were in fact, not as 'new' nor as unfamiliar as it was first claimed. By the time leprosy mission 'officially' began in Korea in 1907, it already had been a little over two decades since the Protestant missionaries began their medical mission in Korea and people were already familiar with the sight of missionaries treating 'leprosy' patients. As mentioned in chapter 1, Horace Allen, one of the earliest missionaries in Korea, wrote as early as 1885, just a year after his arrival, as to the existence of leprosy in Korea and noted Koreans from "all parts of the country" flocking to the missionary doctors in the capital to be cured of the disease. Also, as 'leprosy' was already understood as one of the major diseases to be found in Asia, when the medical missionaries began their practice, this disease was diagnosed and treated along with other diseases such as syphilis, cataracts and tuberculosis. Moreover,

within the vicinity of Kwangju, Mattie B. Ingold, the medical missionary for American Presbyterian Mission in Chŏnju, wrote as early as 1902 of treating leprosy patient.[119] Given the two decades where Koreans were already exposed to the sight of Western missionaries treating leprosy, the spectacle created by Forsythe with his Korean leper woman would have been hardly a 'new' and 'unfamiliar' sight to behold for the people of Kwangju at the time.

However, as there are no written records left by the people of Kwangju, it is difficult to verify the shocked reaction as narrated by the tale. Yet, given the global popularity of tales of leper martyrdom such as Father Damien, what emerges clear in the narratival tactics of Forsythe's Good Samaritan act, is the necessity of depicting the natives as 'backward' and 'uncivilized' yet to be touched by the grace of God. In fact, the more intransigent the natives were portrayed in these tales, the more touching and humanistic the conclusions could be derived for good effect. Almost like the passion play of the Christ, a spectacle was staged for the benefit of Koreans to witness the penultimate reincarnation of Jesus and his humility and compassion in live action. It was intended to move the local natives to see how the godlike missionaries and their Christian humanism allowed them to care for the most wretched of the outcasts whom even their own society had rejected. The assumption being that the local residents who had not been exposed to sight of *mundung'i* on a horse, mode of transportation reserved for the rich and the powerful and the Western missionary on foot, therefore, was cleverly designed to shock the audience with this sight of utter Christian compassion and humanitarianism.

Clearly, the most immediate purpose of the staging and circulating Forsythe's Good Samaritan Act was for conversion and proselytization. As such, when recast as tale of humanitarianism and moral good doing, it provided the Christian leprosy mission in Kwangju

[119] Mattie Ingold, "Dispensary Notes." *Christian Observer*. (March, 1902).

with power and authority to blunt any resistance and criticism. Indeed, this cloak of morality and compassion was so overwhelmingly strong that to this day, the fact that leprosy mission is 'remembered' as good humanitarian work speaks of the power of this narrative to blunt criticism. Also, the sheer moral perfection of Forsythe's aid to the Korean leper woman makes it difficult for one to raise questions on the legacy of Christianity and its leprosy mission in Korea. To do so, one would risk the danger of being seen as inhumane and unethical and no one would like to invite such criticism. Yet, as much as the tale of Forsythe's good deed exhibited the power of Christian moral tales in 'civilizing' the native, what this smoothly narrativized tale also told was the lingering trace of hostility and resistance towards Christianity that still reverberated in the Honam region when Forsythe staged his Good Samaritan act in 1908.

After all, it was just a little over a decade since the Tonghak Peasant Uprising of 1894 and the Sino – Japanese War of 1895 had been concluded. The Tonghak or Eastern Learning Uprising began in the northern part of the Honam region, in the sleepy villages of Chŏngŭp and Kobu and it rapidly spread, partly due to its anti – Christian and anti – Japanese messages. Moreover, as the Honam region had been called as the rice basket of Korea, the social make up of the region consisted of one of the most entrenched land – tenant system and dominant Confucian landlord class that were less than amenable towards Christianity. It was for this reason that American Southern Presbyterian missionaries encountered furious resistance when they attempted to purchase houses in Chŏnju to establish their mission station in 1893. Chŏnju was the family seat (pon'gwan) of Yi Sŏnggye, the founder of the Chosŏn Dynasty and housed his shrine at the heart of the city.

Indeed, the protest against the missionaries were such that in 1897, the newly appointed governor ended up asking the missionaries to move their mission station to the outside of the city

wall.[120] The same was also for the missionaries' overture in Naju as well. Historically having served as the administrative seat of the Honam region, Naju was also heavily dominated by *yangban* landlords and *hyangni*, the hereditary local clerks who had traditionally been in charge of collecting taxes. When Eugene Bell, the American Southern Presbyterian missionary attempted to establish a mission base here, he faced fierce backlash from the local Confucian groups.[121] In the end, the American Southern Presbyterian mission ended up selecting Kwangju, as their headquarters as it had little of the traditional ruling forces. It was no surprise therefore, that the leprosy mission for the American Southern Presbyterian mission 'began' in Kwangju, a new town with no strong Confucian hierarchy. And it was the same rationale of avoiding Confucian ruling class that also led the Japanese colonial government to eventually develop Kwangju as the capital city of South Chŏlla province.

[120]Song, Hyeonkang, (Song, Hyŏnkang), "Reynolds ŭi mokhoe sayŏk" *Hanguk kidokkyo wa yŏksa* 33 (2010): 35 – 56.; "Miguk nam Changnogyo ŭi Chŏnpuk chiyŏk ŭiryo sŏngyo (1896 – 1940)." *Hanguk kidokkyo wa yŏksa* 35 (2011): 47 – 77. Song, Hyun – Sook (Song, Hyŏnsuk), "Honam chibang kidokkyo sŏngyo kiji hyŏngsŏng kwa hwakchang e kwanhan yŏn'gu." *Hanguk kidokkyo wa yŏksa* 19 (2003): 225 – 260.

[121] Kim, Sujin and Han Insu, *Hanguk kidokkyohoesa: Honam p'yŏn.* (Seoul: Pŏmnonsa, 1980); Honam sŏngyo 100 nyŏn kwa ku sayŏkcha tŭl. (Seoul: Koryo kulpang, 1992); An, Yŏngno. *Chŏllado ka kohyang ijiyo: Miguk nam Changnogyo sŏngyosa tŭl ŭi nunmul kwa ttam ŭi palchach'wi*. (Seoul: Kumlan, 1998.)

Ch'oe Hŭngjong, the Father of Korean Lepers

When Frederic Forsythe entered the ground of the Kwangju Christian Hospital, he was first surrounded by a group of gawking Koreans who were shocked at the sight of a leper on a back of donkey with the godlike missionary on foot. Among them, was Ch'oe Hŭngjong, at the time known as Ch'oe Hongjong, who was working as the language teacher to the missionaries and as an assistant at the hospital. He came from the T'amjin Ch'oe family and before becoming Christian he had previously been something of local thug, colonial policeman and a banker before deciding on ministry as his choice of calling. Born at the turn of the century when the old world order was giving way to the new, by trying various posts before settling his fate in Christianity, like many of the Korean youths at the time, Ch'oe was an archetypal Korean youth who was trying to become a modern man.[122]

By the time Forsythe entered the hospital ground on that fateful day in 1908, Ch'oe had already been converted by Eugene Bell, the Southern Presbyterian missionary who, asearlier mentioned, pioneered the Southern Presbyterian stations in Mokp'o and Kwangju. Through his association with Bell, Ch'oe became the language teacher for the incoming missionaries. According to Ch'oe's later recollection and that of his heirs, when Forsythe entered the hospital with the dying woman on the back of the donkey, everyone could only look with silence at the hideous sight. The woman had been carrying a wooden cane with her and when she was being carried, she dropped the walking stick onto the ground. Forsythe, according to the legend, then turned to Ch'oe and asked him to pick up the cane. Although he felt quite squeamish to touch

[122]Kwangju YMCA Yŏksa P'yŏnch'an Wiwŏnhoe. *Hwagwang tongjin ŭi sam: Obang Ch'oe Hŭngjong sŏnsaeng kinyŏm.* Kwangju: Obang kinyŏm saŏpoe, 2000.

something so unclean, he nonetheless did as he was asked and picked up the object. According to later testimony, Ch'oe recalls being moved by something akin to Holy Spirit and ended up feeling the fire of spirit inside. Hence, according to the legend, Ch'oe Hŭngjong, the Korean Father of Lepers, was born that day and thus began his lifelong ministry for the lepers.[123]

In the city of Kwangju today, Ch'oe Hŭngjong is remembered for much that he had accomplished as a dedicated Christian pastor, social activist and reputed nationalist leader, but he is most famously remembered for his leprosy ministry and particularly, that of his March of Lepers, where he took 150 leprosy patients on a 11 – day march to Seoul to seek support from the Japanese colonial government. According to one fictional account of Ch'oe, a march that began with 150 had by the time they reached Seoul, had swelled to 500 and shocked the Japanese police by the spectacle of bedraggled filthy lepers polluting the pristine modern streets of the capital city. As the police were powerless to stop this mass of pollutants, according to Mun Sunt'ae, the local novelist responsible for the sensationalistic account of Ch'oe, the marchers staged a sit – in protest in front of the Governor – General's Office for an audience. Wary of the lepers further dirtying the ground, the colonial government caved in and Ch'oe was granted a meeting with the colonial governor. At the meeting, Ch'oe demanded for more support to alleviate the plight of the Korean lepers and the governor – general readily acceded to him. Happy with the result, Ch'oe and his happy lepers returned to Kwangju. Soon afterwards, the colonial government announced the formation of the Chosen Leprosy Prevention Association and the expansion plans for Sorok National Leprosarium. So goes the legend of Ch'oe's March of Lepers.[124]

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[123] *Ibid*. Ch'oe called Forsythe as 'saint Forsythe.'
[124] Mun, Sunt'ae. *Songja ŭi chip'angi – Yongwŏnhan chayuin Obang Ch'oe Hŭngjong moksa silmyŏng sosŏl* (Seoul: Tajiri, 2001).

This legend, which is still popular in Kwangju today, has been woven into fabric of the local history to elevate Ch'oe to status that of a saint. Indeed, in Kwangju, as the T'amjin Ch'oe family have become one of the oldest families of the city, his reputation and prestige remains intact and he continues to be admired and revered as nationalist Christian leader, freed of taints of collaboration with Japanese colonial government. Indeed, his status is such that for many of the works on the local history of the region, almost all nationalist activities are attributed to him. In major organizations such as YMCA, the Sing'anhoe (the national allied front of the Left and Right) and later in the post – colonial period, his name appears in the local chapter of the Committee for the Preparation of Korean Independence. All in all, Ch'oe is recognized as a nationalist leader with unimpeachable reputation and his leprosy ministry, where he even led the lepers onto national march, adds lustre of to this already spotless reputation that surrounds him.

That there never has been any march of lepers led by Ch'oe has been pointed out Han Gyu – mu, scholar of Korean church history on at least two occasions and those who are familiar with colonial era, attests to the fictitiousness of this story.[125] However, the popularity of Mun's novel and the lack of historical records left by Ch'oe makes such an oral tale all that more believable. And for those who are bit more knowledgeable of the colonial era history such as Ch'a Chongsun, who wrote a dissertation on the life and achievements of Ch'oe, points to his donation of 1000 *p'yŏng* of land for use by the leprosarium and his leadership in the founding of the Choson Leprosy Eradication Studies Institute (*Choson na kŭnjolch'aek yŏn'gu hyŏp'oe*) in

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[125] Han, Gyu – mu (Han, Kyumu),"Obang Ch'oe Hŭngjong moksa (1880 ~ 1966) ŭi saengae taehan myŏtkaji munje."*Hanguk kidokkyo yŏksa yŏnguso sosik* 60 (2003): 19 – 27; "Obang Ch'oe Hŭngjong moksa ŭi sinang noson kwa songyo hwaltong."
Hanguk kidokkyo yŏksa yŏnguso sosik 94 (2011): 53 – 61; "Obang Ch'oe Hŭngjong ŭi saengae wa minjok undong."*Hanguk tongnip undongsa yongu* 39 (2011): 205 – 234.

1928.[126] As there are tales and legends and with very few writings left by Ch'oe, the Korean newspaper notice regarding the founding of the association and the land registry are the few materials left to go by to evaluate Ch'oe's dedication and leadership in the leprosy ministry.

And indeed, Ch'oe had been responsible for spearheading the 1928 founding of the Choson Leprosy Eradication Studies Institute as it was advertised in the newspapers at the time and the institute went so far as to outline the platform of education and fundraising activities in which the association were to carry out in the efforts to save the Korean nation from the plight of leprosy.[127] Like the Chinese and Japanese intellectuals, for the nationalist leaders who threw support behind the cause of eradication of leprosy – from Yun Ch'iho to An Chaehong and others, the existence of leprosy in Korea spoke of the backwardness of the nation and more importantly, even for those who question much of the claims of all the wonderful nationalist activities engaged by Ch'oe during the colonial period, almost all what has never been questioned is his saintliness in devoting to the leprosy cause. However, this claim of the Korean autonomous organization devoted to leprosy eradication in Korea and that of Ch'oe's role in the founding of the association had been exaggerated.

Although Ch'oe had been one of the catalysts for the 1928 founding of the organization, the idea of such a leprosy organization comprised of civilians dedicated to leprosy relief had been around prior to the 1928 establishment of Chosŏn Leprosy Eradication Studies Association. The first time such a proposal had been raised was in 1919 when the three directors of Christian leprosaria together with Oliver Avison, the dean of Severance Union Medical College at the time, submitted such a plan to the colonial government. The three Christian leprosaria were seeking to unite their leprosaria with the government leprosarium in order to develop a national

[126] One *p'yŏng* equals to about 0.00033 hectre of land.
[127] "Nabyŏng kujehoe wiwŏnhoe kaech'oe." *Tonga ilbo*. (Sept. 30th, 1931).

leprosy control program in Korea. And one of the clauses of the proposal called for the creation of national organization devoted to the education of the public on leprosy. O Kŭngson, Professor of Epidemiology at Severance, was one of the panel experts listed on this 1919 proposal submitted to the colonial government and he would join Ch'oe's Leprosy Eradication Association in 1928.[128] At the time, the Presbyterian Church in Korea was carrying out regular collections in support of leprosy relief. The records of the Sunch'on Presbytery, to which the Kwangju (later Yŏsu Biederwolf) belonged, show the designation of Leper Prayer Week and regular collection and expenditure of funds for leprosy relief.[129] Given such activities taking place within the Korean Presbytery Church and among the leprosy missionaries, it is difficult to see Ch'oe as the person responsible for having single – handedly creating the leprosy eradication movement in colonial Korea.

However, this overblown myth of Ch'oe's role in the foundation of the 1928 Eradication Association has persisted to this day for two reasons. First was the charge of the intervention and repression by the colonial government, which led to the demise of the organization, brought forth by none other than Ch'oe himself. In 1965, just a year before his death, he was interviewed by Dr. Lew Joon for *Saebit*, the first Korean magazine devoted to issues related to leprosy.[130] In his interview, he revealed that the once extant Korean leprosy relief organization that existed during colonial era that had sadly demised due to repression by the colonial government. After repressing the Korean organization, Ch'oe charged that the colonial Japanese government ended

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[128] O. Avison, "Report on Leper Work in Korea." (Nov. 22nd, 1919). RG 140, Box #14 Folder #20. American Presbyterian Historical Society, Philadelphia

[129] *Sunch'ŏn nohoerok, vols 1 – 5 (Seoul: Hanguk kidokkyo yŏksa yŏnguso, n.d.)*. For notes on the historical involvement of the Presbytery of the Honam area in the leprosy relief work, see, Ch'a Chongsun, "Honam kyohoesa e issŏsŏ pogŭmjŏk sahoeundong e taehan han yŏngu." Ph.D. Dissertation, Kaemyong Taehakkyo, 1998

[130] Ch'oe Hŭngjong, "8.15 Kwangbok chŏnhu ŭi kura hoego." *Saebit*. 3 no. 8 (1965): 5 - 6.

up establishing the Choson Leprosy Prevention Association in 1932. This charge of repression against the Korean organization and the successive creation of the Japanese organization has since then been repeated.

Yet, the problem with this charge has been that neither the evidence of repression against the Korean organization and the establishment of the Japanese leprosy organization as means to suppress the Korean one have ever been presented to the public.[131] Indeed, the colonial government's organization in 1932 has been held up as the kind of tactics used by the colonial Japanese government against autonomous Korean initiatives. The story of the short – lived Korean organization and its demise due to Japanese intervention has held appeal to the Korean leprosy community and yet, as it will be shown in detail in Chapter 3, the Chosŏn Leprosy Prevention Association created by the colonial government in 1932, was not the result of suppression campaign against Korean initiative but due to colonial government's involvement in the Leprosy Commission of the League of Nations Health Organization. As participating member of the League of Nations' international health initiatives, the Japanese government and various Japanese scientists such as Kiyoshi Shiga, the dean of Faculty of Medicine at Keijo Imperial University, were active in drafting international health measures for global eradication of leprosy. As result of this global initiative by the Health Organization, the government of Japan ended up establishing the Japan Leprosy Prevention Association and the same applied to colonial Korea as well. On further note, this campaign for global eradication of leprosy would

[131] In an article published after Ch'oe recollection, two former reporters from the colonial era recalled Ch'oe aggressive method of seeking financial assistance from potential donors. They recalled that when Pak Hŭngsik, the owner of Hwasin stalled giving his promised donation to Ch'oe's leprosy efforts, one of the reporters remembered that Ch'oe protested in front of Pak's house with few leprosy patients. When the reporter later confronted Ch'oe on the matter, Ch'oe denied such event having taken place and told that Pak was mistaken. Saebit. 4 no.8 (1966): 5.

later be continued in the post – WWII by the World Health Organization and would concordantly shape the South Korean leprosy control policies

The second reason for the continued assignation of Ch'oe as the Father of Korean Lepers has to do with the elision and erasure of records pertaining to the Leftist activities in the Honam areas in the immediate post – liberation period. In the immediate post – liberation period, the left and the right in Korea were locked in fierce battles over the control of the country and the Honam region was one of the most contested areas. For the right in the Honam area, whose record of collaboration with the Japanese colonial government placed them vulnerable to attacks from the left, cooperation with the incoming American military government ensured their survival. And as for the American military government, whose anti – communist outlook made them highly suspicious of the left, preferred the right as they already had ties to the American Presbyterian missionaries who used to work in the area before the expulsion in 1941. As result, upon establishment of the military government, Ch'oe Hŭngjong was appointed as the head of the advisory board to the American military governor and Ch'oe Yŏnguk, his younger brother who was a graduate of Severance and who had studied in the United States, was appointed as the deputy governor of the province in 1945.[132]

Although Ch'oe's appointment as the advisor to the American military governor was short – lived, he was nonetheless attacked by the left for his collaboration with the American

[132] From my meeting with Ch'oe Hyŏp, professor of anthropology at Chŏnnam National University and grandson of Ch'oe Hŭngjong on Oct. 23rd, 2008. He explained that his grandfather's name had been put on the list of the committee without him knowing. At this time, as Ch'oe was leading a life of seclusion in the Mudŭng mountain near the city, he might not have been aware of the rapid development of events. Also as for Ch'oe Yŏnguk, the explanation usually given is that he and his wife, Kim P'illye, a noted women's activist and principal of Chŏngsin Girls' School was one of the first to come forward to offer their services the incoming American military government.

military government. And as for his younger brother, his record as the deputy governor branded him as collaborator to American imperialists in the eyes of the Left and this ultimately led to his death by the invading North Korean communists during the Korean War. Ch'oe Hŭngjong was probably spared of the same fate as his brother due to his nationalist activities during the colonial era as well as his reputation as compassionate Christian minister who selflessly devoted himself to helping the poor and the lepers. Even to the left, Ch'oe's record of working for the lepers was faultless as to be unsullied from scrutiny and harms. Indeed, his reputation as the Father of Korean lepers was perhaps one of the most effective means of imbuing moral authority to the right whose tainted record of collaboration with Japanese colonial government placed them in shaky position for power and authority in the newly emerging South Korean regime. Yet, with the heavy abetment by the American military government and with moral authority provided by figures such as Ch'oe Hŭngjong, the right was able to legitimize anti – communist Christianity as the state ideology and acquire power and authority in the newly established South Korea.

Son Yangwŏn, the Anti – Communist Christian Martyr

The third and final 'saints' of Korean lepers to be discussed in this chapter is Pastor Son Yangwŏn, the head pastor of Yŏsu Aeyangwŏn Leprosarium. Formerly called the Kwangju Leprosarium, in 1926 the Kwangju Leprosarium moved to the newly constructed facility located in the peninsular region between Sunch'ŏn and Yŏsu. In 1937, under the order of the colonial government, the Sunch'ŏn Biederwolf Colony changed its name to Yŏsu Aeyangwŏn. The change of name also applied to the other two Christian leprosaria as well. Pusan leprosarium was changed to Sang'aewŏn and Taegu colony was renamed as Aeragwŏn. Also in the same year, J.K. Unger, the head manager of Yŏsu Aeyangwŏn invited Son Yangwŏn, a popular preacher from Pusan area to become the head pastor of the leprosarium. Unger asked Son, who had already acquired fame in the South Kyŏngsang region for his fiery sermons, to fill in the vacancy after the resignation of Pastor Kim Chegyu for expressing support for Shinto shrine worship.

At the time, the Japanese colonial government made Shinto shrine worship mandatory in Korea and the American Presbyterian missionaries had expressed their opposition to the measure. Most of Korean churches however, expressed support for the colonial government's measure and the Korean Presbytery went so far as to publicly announce support for the colonial

government's shrine worship policy and also even the measure to close down the seminaries.[133] With such conflict of opinion with the American missionaries, Kim resigned and Unger hired Son, who was unaffiliated with the Korean Presbytery at the time to fill in the vacated position. Also, as Son was associated with Koryŏ Seminary, the Korean Christian faction known for its hardline opposition to the Shinto shrine worship, this would have appealed to the American Southern Presbyterian Mission in their decision to hire Son, who was an un – ordained pastor and not affiliated with the Korean Presbyterian church, to serve as pastor to the leprosarium parish.

Just a year after he was hired, in 1939, Son was jailed along with other thirty – three Korean Christians from Sunch'ŏn area for their refusal to attend the Shinto shrine worship. Known as the "Sunch'ŏn Thirty – three Incident" in the post – war period, when the Korean Christian church began to actively rewrite its colonial past, this incident was held up as tell – tale evidence of the Korean Christian Church's resistance to the Japanese colonial government.[134] And as for Son, he was sentenced to 8 years and was released after the liberation in 1945. Due to his steadfast opposition to Shinto shrine worship, in the immediate post – liberation period, he became the most sought out speakers among the Christian circles. Indeed, his popularity was such that he gave the opening prayer for the annual meeting of the Korean Presbyterian Church in 1947. For an un – ordained pastor from a non – Presbyterian denomination, by giving the

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[133] Ch'oe, Tŏksŏng, *Hanguk kyohoe ch'inilp'a chŏnt'ong*. (Seoul: Chisik sanŏpsa, 2006).; Han Kyumu,"Ilche malgi Honam chibang kaesingyo kye ui ch'inil hwaltong." *Hanguk kidokkyo yŏksa yŏnguso sosik* 80 (2007): 7 – 20.

[134] _____, "Sunch'ŏn nohoe kyoyŏkcha sunan chaep'yŏngka."*Hanguk kidokkyo wa yŏksa* 10 (1999): 171 – 203; Kim, Sŭngt'ae, "Son Yangwŏn ŭi ch'ogi mokhoe hwaltong kwa sinsa ch'ambae kŏbu hangjaeng." *Hanguk kidokkyo wa yŏksa* 20 (2004): 231 – 261.

officiating prayer at the meeting of the oldest Protestant Christian denomination in Korea, Son showed his rapid ascent as the most famous star of the Korean Christian church.

When the Yŏsun Uprising broke out in 1948, Son's two sons were killed by the local leftist forces and Son is said to have forgiven one of the killers of his two sons and ended up adopting him as his step – son. This incident further catapulted his status as one of the living saints of the Korean Church. An Yongjun, a pastor associated with the Koryŏ Seminary, heard of the incident while studying in the United States. He was so moved by the story that he aborted his study and came back to cover the story of Son's act of penultimate Christian love. He published the semi – fictionalized biography of Son and the death of his two sons in 1949. When Son died in 1950, the ending of the work was revised to account for Son's 'martyrdom' under the Communists and the second edition came out in 1952. Titled *The Atomic Bomb of Love* (Sarang ŭi wŏnjat'an), the work became an instantaneous best seller and went through countless reprints and was translated into five different languages worldwide.[135] Even as of now, *The Atomic Bomb of Love* is one of the best sellers within Korean Christian literature and a staple of teaching material for Protestant Sunday school catechism.

As mentioned above, Son died in the early days of Korean War. When news of the war reached the Yŏsu leprosarium, he was urged by the patients of leprosarium to flee the place for fear of his safety. He was placed on a boat by the patients but halfway out, he turned the boat around and came back to share the oncoming fate with the patients. According to *The Atomic Bomb*, although he was hidden inside the ground of the leprosarium, one of the patients ended up revealing to the Communists of his whereabouts. The North Korean communists threatened to

[135] An, Yongjun. *Son Yangwŏn moksa ŭi sungyo ildaegi: Sarang ŭi wŏnjat'an.* 1949. (Seoul: Sŏngkwang munhwasa, 2009).

cut off food and water supplies to the leprosarium. Unable to bear the coming suffering of the patients, Son turned himself over to the communists. He was jailed in Sunch'ŏn and when the North Koreans were retreating from the area, he and other Christians were at first taken along with them but in the end were shot in order to not to delay the retreat of the forces. He was first given a burial in Yŏsu, where large crowd had attended but a year later, was given an official commemoration ceremony in Seoul with eulogy given by Pak Hyŏngnyong, one of the major theologists of the Korean Protestant Church.

Since then, Son's 'martyrdom' as depicted in *The Atomic Bomb of Love* had taken on a life of its own. Riding on the success of the work and with increased interest on Pastor Son, An Yongjun published selected sermons of Pastor Son twice in the 1960s. Also, in 1977, after ten years of sporadic fundraising efforts, *The Atomic Bomb* was made into a feature film.[136] There is no indication as to whether the film version was box office success. However, the participation of Yi Manhŭi , a very well-known film director as the screenwriter for the production provides some clues as to interest generated by the work. It is generally understood that since its release, the film has become part of the repertoire of Sunday school curriculum in South Korea. Moreover, Korean Christian adults who grew up in the late 1970s and early 80s and especially those attended Christian missionary schools recall watching the film at least once as part of their catechism education.[137]

In addition to the film, *The Atomic Bomb* has also been turned into a play and an opera. The play has been staged on various Korean Protestant Christian circuit for more than five decades and has become such fixture that even now, it is not too difficult to find it being staged

[136] Kang Inch'ŏl, *Hanguk ŭi kaesingyo wa pankong juŭi: Posujŏk kaesingyo ŭi chŏngch'ijŏk haengdong juŭi t'amgu*. (Seoul: Chungsim, 2009).
[137] *Ibid*.

in various places. In fact, as recent as February of 2011, the City of Sunch'ŏn staged the play version of *The Atomic Bomb of Love* as part of their attempt to encourage tourism for the 2013 Sunch'ŏn Bay Horticultural Expo.[138] And as for the opera version of *The Atomic Bomb*, it was first produced in 2007 and since then has also become part of the Protestant Christian music repertoire. Moreover, in September of 2010, in commemoration of the 60th anniversary of his martyrdom, an academic symposium was held in Seoul to reevaluate Son's significance within the Protestant church history.

However, none illustrate the broad support for the story of the martyrdom of Pastor Son and his becoming as the anti-communist Christian martyr saint more than the construction of the Son Yangwŏn Memorial Hall. In the year 2000, the Son Yangwôn Commemoration Committee was established to raise funds to construct a memorial hall to be built on the grounds of the Aeyangwŏn Leprosarium. Unlike other Korean Christian martyrs who have been enshrined at the Korean Christian Martyrs Memorial Hall (Hanguk kidokkyo sungyoja kinyŏmkwan) in Yong'in, Kyŏnggi Province, according to Pastor Yi Kwangil, who spearheaded the fundraising campaign, the Son Yangwôn committee felt the need for a separate memorial hall to honour his memory.[139] Not only did the committee succeed in raising sufficient funds, but by now, the Pastor Son Memorial Hall has become one of the most visited Protestant Christian pilgrimage attractions. In fact, the site has become so renowned as the actual site of *The Atomic Bomb of Love* that often at times, the reputation of the Son memorial hall overshadows that of the original history of the Aeyangwôn, a leprosarium built to segregate and treat leprosy patients.

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[138] Newsis. "Sunch'ŏnsi, Sarang ŭi wŏnjat'an yongŭk siyŏnhoe kajŏ." *Newsis wire*, Feb.17th, 2011. http://media.daum.net/press/view.html?cateid=1065&newsid=20110218123319648 &p=newsispr (Accessed, March 28th, 2011).

[139] Interview with Pastor Yi Kwangil. (April, 12th, 2010).

Clearly, the numerous reproductions of *The Atomic Bomb of Love* over the past sixty years show the strong popular appeal that the story of anti-communist Christian martyrdom has for the South Korean readers. This success of the Atomic Bomb becomes even more pronounced when compared to other stories of Christian martyrdom such as *The History of Martyrdom and Sermons of Chu Kich'ŏl*. Chu was one of the very few Korean Protestant pastors who publicly expressed opposition to Shinto shrine worship during colonial period. Like Son, he was jailed and died while in imprisonment in 1944. Yet, simply put, there is no such visible reactions to Chu Kich'ŏl's death as national Christian martyr in a way that Korean readers have responded to Son Yangwŏn. Granted, Chu Kich'ŏl's death while opposing the Shinto shrine worship during the colonial period might make him more distant to the readers when compared to Son Yangwôn who died during Korean War. However, aside from the temporal distance, it is An's recasting of Son Yangwôn's life story as Koreanized version of Christ's passion and eventual death that has made the melding of anti-communism and Christianity all that more real and believable.

Indeed, this attempt to render Son's life story as a Christ passion story is clear from the foreword to the second edition of *The Atomic Bomb of Love* (1952). In praising Son's work as pastor, An writes that Pastor Son was a person who "like God, did not hesitate from sacrificing his only son, or like Christ, who took up the burdens of the cross for those who have sinned, and (even) like the Holy Ghost who did not shy from giving blessings to all regardless of time and place." Then An continues his praise of Pastor Son as being comparable to the major saints in Western church history including Saint Anthony (leprosy work), Saint Augustine (knowledge), and Saint Francis of Assisi (altruism). He ends his hyperbolic praise by declaring Son as the only saint ever produced in the seventy years of the Korean church history and one of the rarest

kind of saints ever to be found in the world. He then exhorts all the believers in the world to remember Pastor Son and follow his path.[140]

With the intent to show Pastor Son as the martyr for the Korean church made clear in the foreword, in the ensuing chapters of the book, An lays out Pastor Son's merits and credentials to support this claim of him being a saint. He does this so by focusing attention to three areas of Pastor Son's life: Son's leprosy ministry, his imprisonment over the shrine worship and his final death. For the subject of the leprosy ministry, An allocates the first chapter of *The Atomic Bomb* to his treatment of the leprosy patients in order to show Son as true self-less, Christ like minister who did not shy away from sharing food with the patients or touching them with his own hands. In one of the passages, An writes as follows.

> …not only did he eat together, but for those who were blind or could not use their own hands, he approached closer to feed them himself. For the patients this was one of the tear-swelling moments, but for the Pastor Son, this was nothing extraordinary to fuss about.[141]

Indeed, this legend of Son's touch and ease with patients has been so popularized that one of the largest paintings at the Son Memorial Hall actually depicts Son using his own mouth to suck the puss from the rotted flesh of leprosy patient.

Yet, this penultimate act of Christian love, which comprises the cornerstone of Son's hagiography – touching patients with his hands and sucking the puss from their flesh has not only been never been proven but may also be less than Christian in its origin. Within the Japanese history of leprosy, Empress Komyo (8th century) of the Nara period, who had established clinic for the patients, supposedly had sucked the puss from the flesh of patient with

[140] An, Yongjun. *Son Yangwŏn moksa ŭi sungyo ildaegi: Sarang ŭi wŏnjat'an.* 1949. (Seoul: Sŏngkwang munhwasa, 2009) foreword.
[141] *Ibid* 294. translation is mine.

her lips. How this story ended up circulating among Korean leprosy patients during the colonial period, it is not known. However, a few guesses can be given the fate of the Korean Christian leprosaria in the latter years of the WWII. In 1941, with the expulsion of the Western missionaries, Yŏsu Leprosarium was placed under the directorship of the colonial government and the Pusan Leprosarium was closed down to be used as military base by the colonial government. And as mentioned before, Son had been a preacher active in Pusan and the Kyŏngnam area prior to coming to Yŏsu and he even served as temporary preacher to the Pusan Leprosarium at one point. It is not hard to see how Komyo's story could have been overlapped with that of Son in order to produce the story of his Christian love for leprosy patients.

However, as questionable as the origin of Son's physical interaction may be, what is clear is that this story served an important function in making the connection between the Biblical reference with that of Son's qualification as an exceptional minister who cared for those who have been neglected and forgotten by the society. Moreover, at a time when leprosy was seen as a dangerous disease that could contaminate people, Son's 'brave' touch was easily accepted as saintly and heroic to outsiders. In fact, leprosy conjures such powerful images of wretchedness that like the example of Im, the disgraced member of National Assembly mentioned in the beginning of this chapter, this disease often has the ability to make people overlook unwanted details. In case of Son Yangwŏn, although he was appointed as the preacher to Aeyangwôn Leprosarium in 1937, with his imprisonment in 1939 his duration as minister during the colonial period was brief.

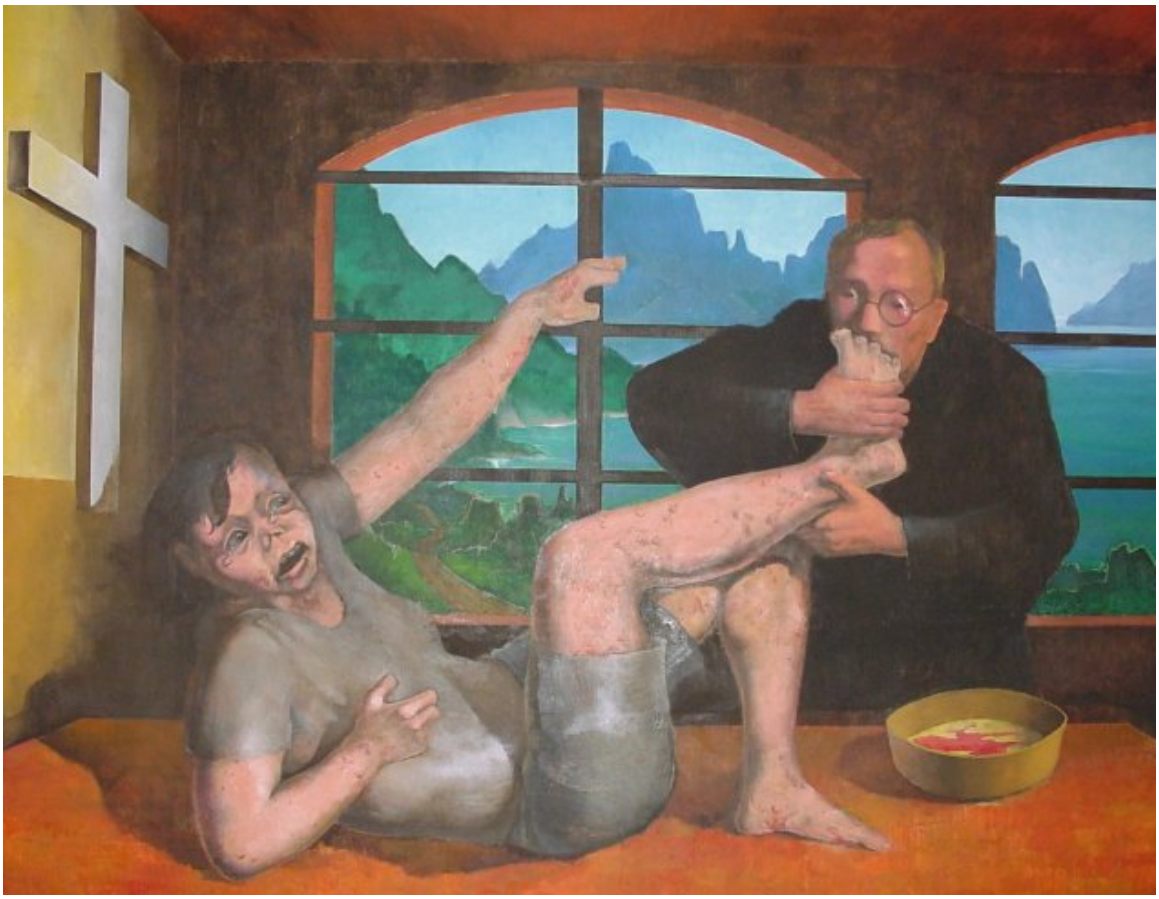
Also, in the post-liberation period, as he became a much sought after speaker within the Protestant Church, he was absent from the leprosarium for much of the time. *The Atomic Bomb of Love* details his busy speaking schedules throughout the country. More importantly, the book

also chronicled his attempt and that by like – minded conservative Christians to make Christianity the sole official religion of the South Korea. And as part of the effort, Son contacted government officials and also lobbied heavily to bring them around to the view of making South Korea as anti – communist Christian nation – state.[142] To do so, some Christian schools and churches promoted refusal to bow to the South Korean flag. Extending the argument they used in the anti – Shrine worship movement, these pastors asserted that they bowed only to God and no other beings. Given the flurry of activities that Son was engaged as the star pastor of Protestant Christianity at this time, it is therefore, questionable as to whether he was as much of a dedicated minister that An depicts him as in the first chapter of *The Atomic Bomb of Love*.

Yet, what is clear in An's narration of Son's leprosy ministry in the first chapter of the book is the role of leprosy in vouchsafing the saintly characteristics of Son Yangwŏn. The conservative Christian activities, in particular the attempt to make South Korea an anti – communist Christian nation that Son engaged in the post – liberation period, could be justified by his supposedly selfless devotion to the patients. Moreover, the continued popularity of *The Atomic Bomb of Love* shows the long appeal the narrative of his anti-communist Christian martyrdom has to the South Korean public. The deployment of Biblical narratives and imagery provided the means to re-translate and re-write the ideology of anti-communism into a popularly received Christian tale of sainthood in post – war Korea.

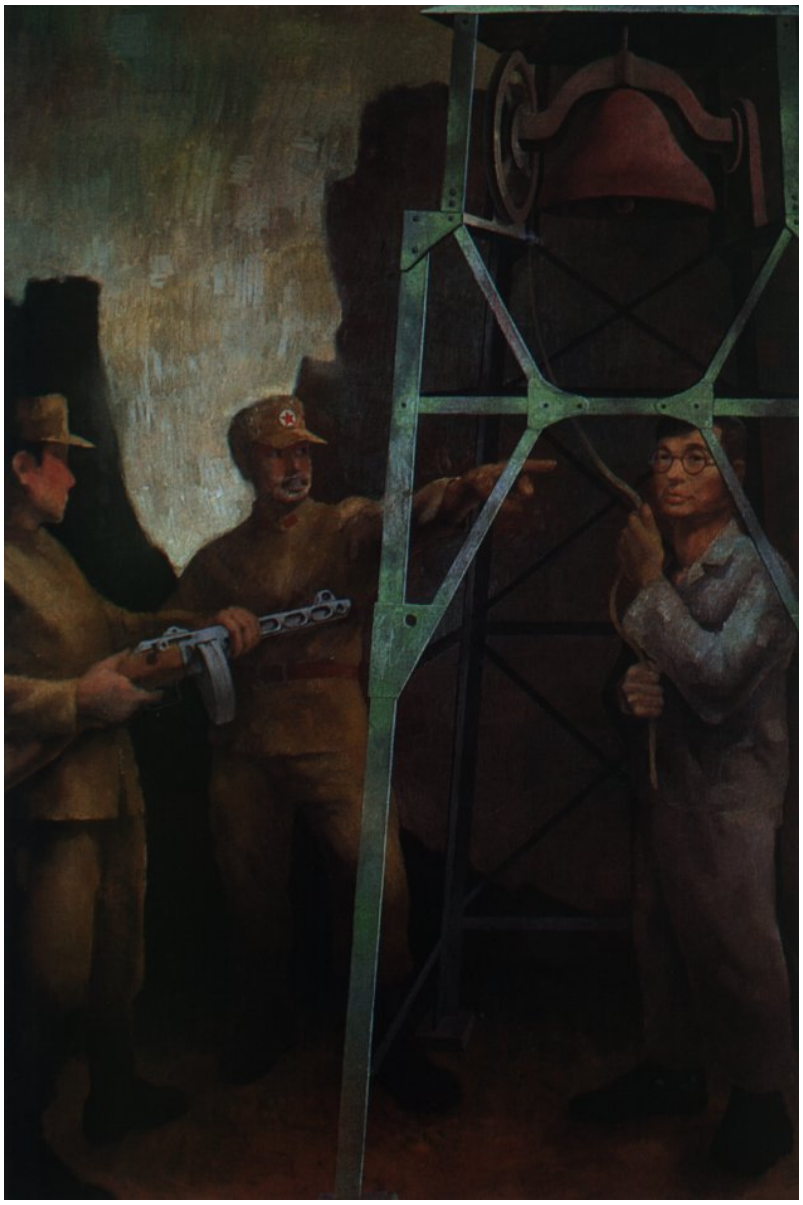
[142] *Ibid* 343 – 344.

Picture 1 – Son's treatment of the patient



from Son Yangwŏn Moksa Sun'gyo Kinyŏmkwan (Pastor Son Yangwŏn martyrdom memorial hall), Yŏsu Aeyangwŏn

Picture 2 – Persecution under Communists



Picture 3 – Persecution 2



Picture – Son's Funeral, Yŏsu, 1950



Without doubt, anti-communism and Christianity have been the most dominant ideologies of the South Korean state since 1945 and this governing ideology has had a long record of ties to the Christian church in Korea. In explaining the all too visibly close relations between the anti-communist South Korean state and the Protestant Christianity, South Korean scholarship usually cites historical factors such as the Cold War, the tension arising from the division state in the peninsula and the U.S. presence among many. The last in particular, the U.S. influence on the formation of the post-colonial South Korean state, has been a popularly studied theme within the field of Korean church history. However as valid as these explanations are in showing the possible institutional and systemic rapport between anti-communism and Christianity, this functionalistic identification cannot sufficiently explain the deep – rooted appeal or the broad popularization of the two in South Korean society today. That is, analysis of institutions or resources alone does not sufficiently convey just how this state ideology was interpreted and came to be practiced on the ground. The strength and longevity of collaboration between anti-communism and Christianity lies in the ability to translate or re-translate the abstract ideals into concrete and comprehensible socio – cultural practices.

In specific, by rewriting the complex political arguments of anti-communism into easily understood vernacular Christian language, the state ideology was at once transformed into socio-cultural 'norms' that could be tapped into by the state for purposes of popular mobilization. The culmination of this re – translation or re – writing of anti-communism as Christian practice could most visibly seen in the hagiography of the three saints of Korean lepers as discussed above. As leprosy provided the most compelling picture of Christian compassion, humanitarianism and moral authority, the emotive characteristics of the discourse on leprosy provided the means for

neutralizing resistance, naturalizing power and ultimately legitimized the anti – communist Christian characteristics of the post – colonial nation – state in South Korea.

Chapter 3

Globalizing Colonial Medicine – Leprosy Control and International Health in Interwar Korea

Hanai, the Good Japanese

In Sorok Island, there is a monument that has survived intact from the colonial era. It is called the Hanae stele and it was erected in honour of Hanai Zenkichi (花井善吉), who served as the second director of the Sorok Leprosarium during the Japanese colonial era (1921 ~ 1929). Hanae came to the island on the heels of the post – March 1st Movement (1919) in Korea when the Japanese colonial rule purportedly transitioned from the harsher 'Military Rule' (武断統治) to softer 'Cultural Rule' (文化政治). Unlike his predecessor, who ruled the leprosarium with harsh and strict measures, Hanai, according to the stories orally transmitted by the patients, he was a compassionate director who took pity on the plight of the patients and relaxed the governing rules of the island. While he was the director, he granted freedom of education, expression and religion to the patients. Under Hanai, the patients were given permission to engage in cultural activities such as staging plays and were also given opportunity to go to school as well. More importantly, under the second director, the patients were finally allowed to freely worship. The first religious group to enter the island was the Japan Holiness Church, which according to *The Eighty Years of Sorok Island*, received permission for proselytization from the colonial government in 1922. However, according the Oriental Missionary Standard magazine, a

monthly magazine published by the Holiness Church, the Japan Holiness Church missionary activity at Sorok began in 1925.[143]

As for Hanai, unlike his stern countenance, his compassion and loving devotion to the patients were such as to move the patients who had been previously mistreated by the first director of the leprosarium. When he suddenly died from overwork in 1929, the grief stricken patients built a monument to honour his work at the leprosarium. The legend has it that the patients' love for Hanai was such that in the post – liberation period when many of the Japanese colonial artefacts were being destroyed, the older patients who remembered Hanai's good deeds, secretly buried the stele underground and unearthed it only after the de – Japanization fury died down. Although the monument survived the wrath of decolonization, it had to be moved several times, to be kept away from the Korean public eyes that were not too eager to be reminded of Sorok's colonial past. The stele now stands in front of the building that originally served as clinic for the patients during colonial era.

This stele is considered 'intact' when compared to other Japanese colonial remnants of the island that have met less fortunate fate. Some of them were destroyed by the angry mob in the aftermath of the post – liberation and Korean War, but others disappeared during two great fires, one of which burned down the library that housed the literature produced by patients, and with other changes that were implemented at the island over the years. However, the more significant destruction of the colonial artifacts have been taking place in the last several years under the very aegis of 'historical preservation.' Since the lawsuit of 2003, when the patients of Sorok, along with Taiwanese patients of Lo Sheng, sued the Japanese government for the forced

[143] Kungnip Sorokto Pyŏngwŏn. *Sorokto 80 nyŏnsa, 1919 – 1996* (Kohŭng: Kungnip Sorokto Pyŏngwŏn, 1996) 29 – 31.; *Oriental Missionary Standard* (June, 1926): 9.

segregation and sterilization performed during the colonial era, there has been an increase in the public recognition of the historical value of the Sorok Island. The national treasury board has designated some of the buildings of the island as national heritage for their architectural rarity. Also, with steady stream of funding available, consensus to 'preserve' the historical legacy of the island has been reached among the various groups – the hospital administration, the patient self – governing association and the local government, and projects have been initiated to restore and preserve the legacies of the island. The only problem to this manifestation of historical consciousness was that in all the eagerness to 'preserve' the history of the island, the group responsible in fact, ended up erasing the history of the artifacts that they were given task to restore. In the very name of historical preservation, these so – called experts in charge performed some of the most abominable jobs that left little of the original 'intact.'

Two very good examples of the preservation project having gone horribly wrong are the preservations undertaken on the old Shinto shrine and the wooden building of the Chahye ŭiwon, the very first clinic built to treat the patients, mentioned earlier. The old Shinto shrine possess historical value as it is one of the two sites in Korea where one can still see remnants of the colonial Shinto shrines. Many of these Japanese shrines were destroyed or replaced with more 'Korean' monuments in the late 1950s to mid – 1960s during times of decolonization efforts. Even the most famous Shinto shrine of the South Mountain (Namsan) in Seoul, the largest Shinto shrine from the colonial era, was destroyed during this period. Given this, the Shinto shrine at Sorok Island possessed historical value not only for being only one of the two such left in the country, but also having survived intact the ravages of time. As late as October of 2003, when I first visited the island, I could see with my own eyes the intactness of the shrine that so clearly attested to its colonial history. Granted the wooden tiles that once covered pillars had rotted

away and some of the pillars were still left charred, bearing the burnt marks of the ransack that took place in the immediate aftermath of the liberation in 1945. However, even with detritus on the ground, the shrine matched its photos taken from the colonial era and one could feel a palpable sense of history that had once taken place here in the past.

When I visited Sorok again in October of 2008, the original shrine and its lived history, which had fascinated me to no end, were all gone. In place of the evidence of history that told of late colonial and immediate post – colonial history of the leprosarium, stood a grotesque mock up that showed the callousness and sloppiness of those who purportedly 'conserved' this history. The roof was replaced with a concrete roof with etchings made to look like wood tiles and the pillars that so compellingly told of what 'decolonization' meant for the inhabitants of the island, were re – cemented. As if adding further to the injury, the pillars were repainted with beige, latex – like paint that shined so bright as to hurt the eyes of onlookers. The age and history told by the original crumbling structure was replaced by the post – modern reproduction that has been the rage in South Korea for the past decade, the most famous example of such being the Ch'ŏnggye Creek Restoration Project spearheaded by then mayor of Seoul, Lee Myung Bak.

With the devolution of power to local governments that had been taking place in the past two decades, more and more local governments in South Korea have been turning to cultural tourism (munhwa yusan kwan'gwang) to revive the often cash – strapped local economy. Also, 'cultural heritage' or historical tourism has been one of the preferred businesses for many of the local governments as it requires little start – up investment in comparison to other industries and is one of the more affordable and sustainable industries for the local economy. And developing cultural heritage tourism often meant tapping into local history as source of marketable tourist attractions and for the County of Kohŭng, which was responsible for the conservation of the

Shinto shrine at Sorok, such calculations must have been at play when they decided to undertake the preservation efforts, after decades of somewhat testy relations with the national leprosarium.[144]

If the original Shinto shrine had been turned into an eyesore by the so – called experts hired by the Kohŭng County, at least it was spared the worse fate met by the wooden structure that served as the clinic for the patients. Often called as Chahye clinic, this was one of the oldest wooden buildings left in the island. At the time of my first visit in 2003, the building appeared to have managed to survive the turbulent post – colonial history of the island and seemed to have gracefully withstood the attacks of age. When seen with naked eyes, the overall integrity of the building seemed to have been left intact and when peered into, the interior appeared likewise as well. This all changed in the second visit to the island in 2008. The wooden paneled coverings were replaced with new ones, replete with fresh coats of paint that screamed of newness and bore very little resemblance to the sombre hue of the original panels. Also, the interior was completely torn out and transformed into the kind of generic modern day waiting room found in hospitals nowadays. It was decorated with veneer panels, yellow latex paint and wallpaper prints that even to untrained eyes could tell were not of the colonial era. Even more galling, the doors and doorknobs appeared to have been purchased from the local hardware store rather than faithfully restored by the restoration experts.[145] As this dissertation is being written, such 'preservation' and 'conservation' efforts are still going on at the island. How much more

[144] The hospital staff who took me on the tour of the island in 2008 told me that the County of Kohŭng was the party responsible for the restoration of the shrine, when criticisms were raised on the newly 'restored' condition of the shrine.

[145] The traditional sliding doors of Japanese wooden buildings were replaced with ones that had glass and aluminum panels and doorknobs were generic round aluminum kinds that are easily found in local hardware stores nowadays.

damage and erasure of history will be done in the very name of historic preservation and cultural tourism, only time will tell.

It is for such reasons that Hanai Zenkichi's stele, mentioned in the beginning of the chapter, can be considered as one of the more 'intact' artifacts of the colonial era left at the island. However, for the second director of the leprosarium, what had been left 'intact' from the colonial era were not only his stele, but also more importantly, his reputation as one of the rare 'good' Japanese to ever grace the leprosarium. Among the sea of bad Japanese directors whom made the lives of the Korean patients so miserable, he was purportedly one of the better ones who made living amenable for those interned. And this reputation as one of the exceptionally good Japanese has been left 'intact' and has survived to this day with no questions raised by scholars such as Jung Keunsik and writers who have written on the subject. In his work as well as by those who have circulated the story of Hanai, it is simply assumed that Hanai's 'softer' and more compassionate approach to patients reflected the changes of time as the Japanese colonial rule transitioned from Military Rule to Cultural Rule in the wake of the March 1st Movement in 1919. Unsurprisingly, Hanai's predecessor Arikawa Toru (蟻川亨), the first director of the leprosarium, is 'remembered' as being 'strict' and 'militaristic' by the late Sim Chŏnhwang, the de facto historian of the island and the author of *Oh, Seventy Years – The Magnificent Sadness of Sorok Island* (*Aŭ, 70 nyŏn – Ch'allanhan sŭlp'ŭm ŭi Sorokto*), the very first historical account of the leprosarium.[146] Much of his description of Hanai was later repeated by the hospital staffs who wrote *The Eighty Years History of Sorok Island*. Like Sim, in The Eighty Years, Hanai's repeal of his predecessor's policies and humane directorship is chronicled in detail. Also, Cho

[146] Sim Chŏnhwang, *Sorokto pansegi* (Kwangju: Sin Chŏngsik, 1979) 23. *Ibid*, *Aŭ, 70 nyŏn – challanhan sŭlp'ŭm ŭi Sorokto* (Seoul: Tongbang, 1993) 25 – 29. For note, the 1993 edition was revision of his 1979 publication of *Sorokto pansegi*.

Ch'angwon, the 14th director and the model for Yi Ch'ŏngjun's *Your Paradise*, recounts Hanai's good work and his correspondence with Hanai's son, in his 1998 autobiography as well.[147]

This chapter will raise questions on the story of Hanai, the Good Director for two reasons: First, this chapter will cast questions on the exceptionality of Hanai, as the Good Japanese in order to point to the paucity of theorization in the Korean nationalist historiography adopted by Sim and assumed by Jung Keunsik. That is, exceptionality assigned to 'good Japanese' like Hanai in the previous works on the history of leprosy in Korea cannot account for 'different' and 'anomalous' within the 'norm' established. Indeed, under the stark binary black and white interpretations of the writings on history of leprosy during colonial period, Koreans are in general accepted as 'good' whereas Japanese are generally portrayed as 'bad.' And when 'good' Japanese is found to exist, as in the case of Hanai, they end up occupying the uncomfortable place of 'exception,' lest the norm of the nationalist interpretation is disturbed. By challenging the exception / norm framework that dominates the writings on Korean history of leprosy, this chapter aims to question the morally driven interpretation of history of leprosy in Korea, where the primacy of the Korean nation overrides the factual history of medicine. By limiting the interpretation of disease control along the line of good Koreans versus bad Japanese, the criticism here is that our understanding of history of disease is severely limited to the confines of nation – state and more importantly, hampers efforts to capture the complexity of understanding disease, health and medicine.

Second, the story of Hanai's 'good work' will be read within the context of international medical development for leprosy control of the 1920s and 30s in order to highlight the absence of 'global' medicine within the Korean writings on colonial medicine. The argument in this

[147] Cho, Ch'angwon, *Hŏhŏ, nairong ŭisa ŭi oegildo che gil ingŏlyŏ*. (Seoul: Myŏnggyŏng, 1998) 166 – 169.

chapter is that when articulating disease control, the colonial medical bodies – Japanese, Western missionaries and Korean wise, were not simply making automated responses to domestic factors only, but also paying close attention to and adhering to the standards of international medical practices of the time. For leprosy, this meant that treatment and isolation practices were less the result of colonized 'difference,' as emphasized so in Jung Keunsik's approach towards reading the Japanese colonial government's treatment of Korean patients, but more of practice borne out of worldwide practices on treating leprosy. This 'global' practice, which began in Hawaii in the 1870s, had by the time of Hanai's appointment to Sorokto in 1921 already become universal as to be followed by the Japanese leprologists and Western missionaries in Korea as well.

By showing how some of the most controversial practices of Japanese colonial leprosy control – sterilization in exchange for marriage and separation of children born of leprosy patients, were not merely the result of Japanese colonization of Korea, but that of 'global' practice shared by other nations at the time, this chapter seeks to show the crucial need for recognizing the long history of international medicine and its role in the shaping of modern national medicine. This is particularly the case for Korea as 'post – colonial' medicine in both North and South Korea have been shaped by international health and medicine in the post – war reconstruction period of 1950s and 1960s. To understand how and why certain medical and public health measures were implemented and carried out in the division system Korea, attention has to be paid to the precedence established before 1941. It is only by grasping the pre – 1945 international medicine and its role in shaping modern Korean medicine, one can fully grasp the formation of national system of medicine and public health. That the public health systems of North and South have been established under the auspices of the international bodies of health will be further explored in chapter 5.

Picture 1 – Hanai stele



Picture 2 – Restored Shinto shrine



Picture 3 – Shinto shrine at Sorok during colonial era



(from Wilson Family Collection)

Picture 4 – Chahye Clinic



Picture 5 – Interior of the clinic



The Rockefeller Foundation and Colonial Korea

Prior to 1945, there was no international philanthropy foundation more active and important in promoting health and medical science in the world than the Rockefeller Foundation. The scope and funding of the foundation was unmatched by other philanthropic groups such as Josiah Macy Jr., Commonwealth and Milbank Memorial at the time and unlike other health agencies such as the Red Cross, which was mired in disputes over control between the International Red Cross and the American Red Cross at the time, the Rockefeller Foundation, through its worldwide offices and network of experts wielded considerable influence. As William Schneider observed in the introduction of *Rockefeller Philanthropy and Modern Biomedicine*, as many Western nation – states were still too weak and in the process of recovering from the ravages of the First World War, not many countries could afford the types of programs and education that the Rockefeller Foundation carried out during this period. Moreover, these states were unable to match the scope of the territories covered by the Rockefeller Foundation in their health and sanitation projects. From the American South through Latin American countries and Europe and Southeast and East Asia, the Rockefeller Foundation carried out public health projects on global scale and result, obtained expertise and knowledge on international health and medicine that nation – states and individual agencies were not able to do so.[148]

[148] William Schneider, *Rockefeller Philanthropy and Modern Biomedicine*. (Bloomington: Indiana University Press, 2002) 2 – 5.

In the East Asian context, the Rockefeller Foundation was most active in China. It is understood that the Foundation's involvement in China began with Frederick Gates, close advisor to John Rockefeller Sr.. He was deeply moved by Arthur Smith's biographical account of missionary activities in China that he insisted to Rockefeller Sr. and to the Foundation to provide aid to improve the country.[149] Rockefeller, who already had great interest in China, readily agreed, as the story goes. To many reformist minded Americans in the early 20th century, China was their next target of reform after the opening of the frontier and Rockefeller was no exception this movement to 'save' the great Asian country. The Rockefeller Foundation activities in China are most notably remembered around two legacies: the Peking Union Medical College (PUMC) and the rural reforms of northeastern China from the 1930s to 1950s. Until 1950s, the PUMC was one of the best medical teaching institutions in East Asia and many of its graduates ended up becoming renowned in their fields of work. Many of the rural reforms projects carried out by the Rockefeller Foundation in China in 1930s had lasting impact on many of the rural reforms that the Nationalists and the CCP carried out and concordantly set precedents for U.S. foreign policies in Southeast Asian and East Asian nation states in the post – 1945 period.[150]

As for Japan, the consensus until now has been that interactions and exchanges between Rockefeller Foundation and the various health and medical institutions of Japan had been

[149] Quisha Ma, "The Peking Union Medical College and the Rockefeller Foundation's Medical Programs in China." In. William Schneider ed., *Rockefeller Philanthropy and Modern Biomedicine*. (Bloomington: Indiana University Press, 2002) 159 ~ 183. For note, Arthur Smith was the General Secretariat of the U.S. Presbyterian Church and had extensive ties to Presbyterian missions in China, Korea, Japan and Philippine.

[150] It will be elaborated further in Chapter 5, but figures such as John Grant end up being charge of Southeast Asian affairs at State Department after 1949.

limited.[151] Certainly, prior to 1945, the most notable project that the Rockefeller Foundation heavily lobbied for in Japan was the discussion for the founding of School of Public Health at Tokyo Imperial University from 1924 to 1927. However, this talk collapsed due to disagreements within the two factions of the Japanese science communities – the government faction based in Tokyo Imperial University and Kitasato Infectious Disease Institute based at Keio University as well as the office reshuffling that went on at Rockefeller in 1928.[152] As result, the collapsed talk has created the view of infrequent contacts between the Rockefeller and the various scientific communities in Japan. Yet, examination of the archival contents at the Rockefeller Archive reveals voluminous correspondence between the Rockefeller Foundation and various Japanese scientific agencies and individuals until the late 1930s. Moreover, the Rockefeller Foundation was quite keen on selecting and granting fellowships to Japanese scientists for studies in U.S. and this connection would be revived in the post – WWII to form the basis for U.S. – Japan scientific cooperation.

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[151] One of the works being done on the relations between Rockefeller and Japan is Aiko Takeuchi – Demirici's forthcoming dissertation, "Conceiving National Bodies: The Trans – Pacific Politics of Birth Control and Eugenics, 1920 ~ 1950s." See, Aiko Takeuchi – Demirici, "From race biology to population control: The Rockefeller Foundation's "Public Health" projects in Japan, 1920 ~ 1950s." In. Liping Bu, Darwin H. Stapleton and Ka – che Yip eds. Science, Public Health and the State in Modern Asia. (New York: Routledge, 2012).,p.113 ~ 128.

[152] John Farley has examined the file concerning the proposed Tokyo School of Public Health and shows that despite the collapse of the talk in 1928, the talk did resume afterwards. Eventually, it led to the opening of the Tokyo Public Health Institute in May 11th, of 1940. However, due to the escalating political tensions in East Asia and due to the political infighting both at Rockefeller and within the Japanese scientific community, the Foundation could not publicize their donation that had made this possible in the first place. In fact, their donation was $11 million dollars, an amount according to Farley was almost unprecedented at the time. See, John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation, (1913 – 1951) (*Oxford: Oxford University Press, 2004) 245 – 253.

For the Rockefeller Foundation's involvement in colonial Korea, there has yet to be any scholarly examination on the topic. The most obvious answer for this has to do with Korea's colonial status and absence of materialized projects. Historians such as Pak Yunjae briefly discusses the Foundation in his examination of Kim Ch'angse, a brilliant medical scientist whose career was tragically cut short by his colonized status as Korean and yet aside from this, there has not yet been an in – depth study on the very topic of the role international health and medicine in shaping the national health and medicine in modern Korea.[153] In fact, the notion of international bodies such as the Rockefeller, Red Cross, WHO, and various UN agencies having an impact on the development of modern national system has yet been entertained as credible academic inquiry within the Korean scholarship.[154] Cursorily, these organizations might be acknowledged as in the case of Pak, but empirical research and scholarly work on the topic is clearly warranted. And this lacunae of critical inquiry on the impact of international agencies on the national agencies is not confined to subjects of health and medicine alone. On topics such as education, humanities and social welfare and relief, there has yet to be active discussions on how international aid and agencies could have shaped the national policies on these issues. Part of reason for lack of interest has to do with unquestioned adherence to the nationalist historiography and the other, perhaps more vital, reason lies in the inaccessibility of the archival materials. The archival materials pertaining to the issues raised above are housed in overseas archives and as result, for reasons of cost and distance, remain inaccessible to many Korean researchers.

[153] Pak Yunjae, "Kim Ch'angse ŭi saengae wa kongchung wisaeng hwaltong." *Ŭisahak* [Korean Journal of Medicine] 15 no.2 (2006): 211 – 225.
[154] When I brought up the topic of the World Health Organization, one Korean scholar of history of medicine succinctly told me that the WHO functioned as diplomatic body and has had little influence or impact in Korea.

Despite the assumption of the absence of international bodies, examination shows existence of records of exchanges and communications between the Korean health bodies and the Rockefeller Foundation during the colonial and in the early post – colonial years. Further study of these records and writings, I believe is crucial as even the most casual perusal of these materials show the origin and precedence set during the colonial years for the later health and medicine programs in the post – 1945 South Korea. For example, in the re – establishment of the School of Public Health of the Seoul National University in the 1950s, the Rockefeller received periodical reports from Howard Rusk, the chief executive of the America – Korea Foundation and the chair of the rehabilitative program at NYU Bellevue Hospital.[155] The Rockefeller Foundation was receiving reports from Rusk of the progress being made at SNU as the Foundation was giving support to the newly restructured medical school programs at SNU.[156]

However, what had not been known is that this support by the Rockefeller to improve the SNU program has had precedents in the colonial era. Prior to the America – Korea Foundation and the Rockefeller joint efforts, the Foundation engaged in series of discussions and site visits to explore granting support to the newly established Faculty of Medicine at Keijo Imperial University in 1927.[157] According to the report to the Foundation produced by William S. Carter, former dean of medicine at University of Texas and later, the dean of medicine at University of Philippines, the discussion of Rockefeller funding took place between the agents of China Medical Board – Dr. Wilbur, Robert Greene and Carter and Drs. Watanabe and Sato of Keijo in

[155] "Report of THE SCHOOL OF PUBLIC HEALTH (28 September 1953 – 28 November 1953)" RG 2 GC 1953 613 Korea Box #42 Folder 280. Rockefeller Foundation Archive.
[156] "Report of THE SCHOOL OF PUBLIC HEALTH (28 September 1953 – 28 November 1953)" RG2 Box 43 Folder 280. Rockefeller Foundation Archive.
[157] "Keijo University medical school; report by W.S. Carter of visit to Seoul, Korea – December 4 – 5, 1927." RG1.1 Box1 Folder 613A Rockefeller Foundation Archive.

1927.[158] The visit by Carter was first initiated by Dr. Kiyoshi Shiga's request first made to the China Medical Board for funding for the expansion and improvement of the Chosen Government Hospital and the Medical School of the Keijo Imperial University. Although there were visits and discussions taking place, due to Shiga's absence and the difficulty of communications between the two parties, the Rockefeller funding of the Keijo came to naught.[159]

Yet, despite the dissolution of the talks, what had emerged in the talks was the sponsoring of some of the faculties of Keijo for further studies overseas. Dr. Watabiki, who taught pathology and as assistant to Dr. Watanabe was offered two years fellowship, one year of which he was expected to spend time at Johns Hopkins.[160] Others at Keijo were also given similar type of short and mid – term fellowships for studies particularly in the areas of preventive medicine at institutions such as Johns Hopkins and other major American universities. In the post – liberation period, at the strong behest of the American Occupation Government (the usual term is the US. Army Military Government in Korea; if you wish to use occupation government, it should not be capitalized), this training of the Korean doctors in the U.S. public health institute continued as the very first ten Korean doctors studied in the United States throughout various medical institutions under the Rockefeller Fellowship.

However, Keijo faculty members were not the only ones who maintained contacts and communiqués with the Rockefellers. According to Carter's report, Dr. Rosetta Hall, the famed female medical missionary, had been making repeated requests over the years to the Foundation to fund support for the advanced education of women in medicine.[161] She was not awarded any funding by the Rockefeller Foundation, but this was not just in the case of Hall, but for most of

[158] *Ibid*., Letter from William Carter to Robert Pearce. Dec. 6th 1927.
[159] *Ibid*.
[160] *Ibid* 19 – 21.
[161] *Ibid* 18.

the missionaries in Korea who approached the Rockefellers seeking further support in medical education and programs for missionary medical institutions. As early as 1914, Oliver R. Avison, who headed the Severance Union Medical College contacted the Rockefeller for financial support. In his case, Avison met with Victor G. Heiser, the officer in charge of the Far Eastern Section for the International Health Board of the Rockefeller Foundation.[162] A little earlier than Avison, in 1912, Robert Manton Wilson, who headed the Kwangju Leprosarium wrote to the Foundation to ask for support in the new upcoming deal with the colonial government in the joint – management of the about to be established colonial government leprosarium. According to his letter to the Mission to Lepers, the colonial government approached Wilson and the American Southern Presbyterian Mission as to the merger and joint – management of leprosarium in Korea, provided that the Mission come up with the necessary funding for the merger and the operation of the new leprosarium.[163] Given Avison's request and with appeals from Hall and Wilson, the Foundation conducted an initial survey of the health and sanitary conditions of Korea in 1915. Questionnaires composed by the health bodies of the Foundation, was sent throughout Korea to the missionaries in charge of each districts and then the filled out questionnaires were sent back to the Foundation.

With the survey complete, the first visit by the Rockefeller Foundation to Korea took place from October 27th to October 31st of 1916 and Victor G. Heiser paid the visit. He would later repeat his trip to Korea in 1924.[164] For this leg of the trip, he entered Korea from Mukden – Manchuria border and travelled down southward. He first stopped by the slaughterhouse on the

[162] Victor Heiser Papers. American Philosophical Society
[163] Robert Manton Wilson, Letter. (July, 1915) Box 6 File 10. The Leprosy Mission International (London).
[164] Victor Geog. Heiser, "Notes of 1916 Trip." Series IV 103. Victor Heiser Papers. American Philosphical Society.

border of Yalu River and made note of impression of Koreans clothed in white with "silly black white."[165] In particular, Heiser noted the absence of latrine and no conservation of night soil practice in Korea and concluded that "Koreans squat everywhere." In Seoul, he called on Dr. Hashida, the government statistician but due to his absence could not meet with him.[166] He then called on Dr. Ralph Mills, one of the faculty members of Severance, who had been in talks for transfer to China Medical Board. He then met with the rest of the faculty at Severance and was given inspection of the works being done at Severance. He inquired on the diseases found in the country and was told by Mills that for leprosy, little is found in the northern part of the country and that more are found in the southern regions. He then visited the Health Department and made note of the sanitary projects being carried out the colonial government such as water, sewage and night soil and then was given inspection of the colonial government hospital. He then trekked down to Kwangju to have discussions with Wilson as to the outcome of the discussions on the failed merger between the colonial government and the American Southern Presbyterian missionaries on the joint – management of government leprosarium. He then departed for Shimonoseki, Japan from Pusan on Nov.1st of 1916.[167]

As mentioned above, Pak Yunjae has pointed to the colonized status of Koreans in general for the non – involvement of the Rockefeller Foundation in Korean medicine in his study of Kim Ch'angse. That may appear to be the case, but the Rockefeller Foundation's failure to support medical missionaries were not confined to Korea alone, but a general policy that was applied to medical missions in other countries as well. This could certainly be seen in the

[165] *Ibid* 836.
[166] *Ibid*.
[167] *Ibid* 834 – 870.

example of the Foundation's fallout with the medical missionaries in China.[168] When the Foundation made its initial forays into health and medical development in China, they first allied with the Western medical missionaries who had by then built a considerable body of expertise and knowledge on the country. However, by the early 1910s, the Foundation began to see conflicts of interest with the missionaries whose ultimate goal was proselytization of Gospel, which conflicted with the Foundation's motto of medicine and science "serving the betterment of mankind."[169] With differing views on the role of medical science in China, the alliance between the two was severed with the Rockefeller Foundation's purchase and takeover of the Peking Union Medical College, previously a missionary medical training college. Similar attitudes towards the missionaries would have been in effect by the time Heiser visited Korea in 1916 as well. The prevailing skepticism towards missionaries of the Foundation also would then explain Heiser's skepticism of the advancement in medical science as claimed by the Western medical missionaries in Korea, including Wilson's professed adherence to the leprosy treatment method first developed by Heiser in Philippine.[170]

Also, another factor in the Rockefeller Foundation's inclination towards the colonial state over private organizations such as the missionaries, had to do with the overall funding strategy of the Foundation. Rather than starting a project from blank slate, the preference of the Foundation was to intervene in projects or system that had already been established. With the infrastructure already in place, the goal of the Foundation was then to improve the quality of trainees and the

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[168] Qiusha Ma, "The Peking Union Medical College and the Rockefeller Foundation's Medical Programs in China." In. William Schneider ed. Rockefeller Philanthropy and Modern Medicine. (Bloomington: Indiana University Press, 2002),p.159 ~ 183.
[169] *Ibid*.
[170] Victor Geog. Heiser, "Notes of 1916 Trip." Series IV 103. Victor Heiser Papers. American Philosphical Society.

overall quality of the programs.[171] The same rationale applied towards its funding and support for individual scientists as well. Instead of directing efforts to discovering innovative and yet unknown work, the Foundation preferred to cultivate ties with and support scientists who had already been internationally established. It was for such reasons that Kiyoshi Shiga, the dean of Faculty of Medicine at the Keijo Imperial University could approach the China Medical Board and the Division of Medical Education of the Foundation for funding possibilities for the construction of new facilities at Keijo. It was Shiga, the world – renowned discoverer of the dysentery bacillus and one of the reputed members of Kitasato Infectious Institute, who also approached Heiser and John Grant, Professor of Hygiene at PUMC and officer for the Rockefeller operation in China, when they visited Japan in 1924, for possible funding support for leprosy eradication programs in colonial Korea.[172]

And who was Kiyoshi Shiga? Prior to coming to Korea to head the Chosen Government – General Hospital at the invitation of the colonial government in 1920, he discovered the dysentery bacillus at the tender age of 27 while working as assistant to Shisaburo Kitasato, the most famous Japanese scientist of the day. Kitasato, the discoverer of tetanus antitoxin and successful cultivator of *Clostridium tetani,* was the protégé of Robert Koch. After a dispute with the government over the reorganization of the Tokyo Infectious Institute, he established his own Kitasato Infectious Institute and played a critical role in the establishment of faculty of medicine at Keio University. Shiga followed Kitasato to the new institute and also briefly held a teaching post at Keio as well. In 1900, Shiga left Japan to study with Paul Ehrlich, the famous

[171] John Farley, "The International Health Division of the Rockefeller Foundation: the Russell years, 1920 – 1924." In Paul Weindling ed., *International Health organisations and movements, 1918 – 1939* (Cambridge: Cambridge University Press, 1995) 203 – 221.
[172] Victor Geog. Heiser, "Report of Far East Trip, 1924." Series IV Box 99. Victor Heiser Papers. American Philosophical Society. (Philadelphia).

immunologist and developer of diphtheria serum, at the Institut für Experimental Therapie in Frankfurt. He studied various subjects, including chemotherapy for trypanosomiasis and returned to Japan in 1905 and received his Ph.D at Tokyo Imperial University. Two years after he arrived in Korea, Shiga was appointed as the principal of Keijo Medical Technical School, the forerunner to Keijo Imperial University Medical School. In 1926, he was appointed as the Dean of Faculty of Medicine at the newly found Keijo Imperial University and in 1929, he became the third president of the university. In 1931, following the death of Kitasato Sr. he resigned and returned to Japan. He remained at the Kitasato Institute throughout the war years and died in 1957.[173]

As Shin Dongwon and other scholars have observed, Shiga, along with Kobayashi Harujiro, another member of Kitasato was instrumental in shaping the public health and medicine system in colonial Korea. Aside from their long duration in Korea, what is important to note in regards to Shiga, Kobayashi and in fact, the Kitasato Institute is the active utilization of this international network and participation in the international health and medicine activities by its members. For example, when Heiser visited in 1916, Kobayashi was the person who greeted Heiser at the Seoul train station and accompanied him to Heiser's inspection of colonial health and sanitary facilities around the country. And as for Shiga, it was his acquaintance as the director of Kitasato and familiarity with the members of the Rockefeller that enabled him to

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[173] Shin Dongwon, *Hoyŏlja Chosŏn ŭl sŭpkyŏk hada*. (Seoul: Yŏksa pip'yŏngsa, 2004),p.83. See also, Iijima Wataru, *Mararia to teikoku*. (Tokyo: Tokyo daigaku shuppanbu, 2005),183 ~ 184.; Andrew F. Trof et.al., "Dr. Kiyoshi shiga: Discoverer of the Dysentery Bacillus." *Clinical Infectious Diseases*. No.29 (1999),p.1301 ~ 6.; Jung, Joon Young (Chŏng, Chunyŏng), "Singminji ŭihak kwa heg'emoni kyŏngjaeng:
Kyŏngsong chedae ŭihakpu ŭi sŏllip kwajŏng kwa chedojŏk t'ŭkching ŭl chungsim uiro." *Sahoe wa yŏksa*. 85 (2010): 197 ~ 237; Pak Myŏngkyu, "Kyŏngsŏng chedae ch'ongjang kwa singminji taehaksang." In. Singmin kwŏllyŏk kwa kŭndae chisik: Kyŏngsŏng cheguk daehak yŏn'gu WORKSHOP. Seoul National University Kyujanggak Han'gukhak Yŏn'guwon. (December 20th, 2006)

approach Heiser for funding for leprosy control in Korea as well as making a request to DME for possible funding of Keijo. Moreover, it was Kitasato Institute's international standing that made it possible for the junior faculty members of Keijo, many of whom were from Kitasato to receive short and long – term fellowship for studies in U.S. from the Rockefeller Foundation. However, none illustrate more Shiga's active networking with Western scientists and his participation in international health and medicine and making the case for public health and medicine in colonial Korea than his presentation at the 6th Biennial Congress of the Far Eastern Tropical Medicine Association held in Tokyo in 1925.

Shiga had already presented at the very First Congress of Far Eastern Tropical Medicine Association held in Manila, Philippine in 1912. At the 6th Congress in Tokyo, Shiga presented two papers.[174] The first paper was on his experiment on the differences between Japanese and Korean diet and its effect on beriberi and second was the leprosy treatment experiment being carried out at Sorokto. For beriberi, Shiga attempted to explain the frequent occurrence of beriberi among Japanese and little occurrence on Koreans as result of deficiency of vitamin B in the Japanese diet. As for his paper on leprosy, Shiga presented the findings on the use of ethyl ester compound of chaulmoogra oil on patients at Sorokto and raised questions on the effectiveness of permanent segregation of patients.

Noting the success of ethyl ester compound on halting the progress of disease, Shiga questioned the cost effectiveness of isolating patients for life in leprosarium. Noting that the European practice of isolating leprosy patients came at a time when there was only a "small portion of light cases of leprosy, curable or becoming ameliorated…confined through life to

[174] Kiyoshi Shiga, "Prophylaxis of Kakke (Beri – Beri) and on Kakke of Chosenese." In. *Far Eastern Association of Tropical Medicine Transactions of the Sixth Biennial Congress held at Tokyo, 1925*. Vol.I (Tokyo: Waibunsha Printing Co.),p.213 ~ 221. _____, "Result of Treatment of Leprosy in Chosen, and View on the Isolation Problem of Lepers.", *Ibid*. Vol.II. p.691 ~ 697.

hospitals," he argued that permanent isolation was not a financially feasible scheme for the colonial Korean state and moreover, also noted the measure discouraging the patients from coming voluntarily to seek treatment. With the success of ethyl ester compound injection, he then told of the current trial experiment going on at Sorokto Leprosarium under its director Hanai Zenkichi, discussed in the beginning of this chapter, in discharging cured patients. Noting how the life- long isolation policy "drives patients desperate and makes them always anxious to escape the dark confinement," Shiga asserted that "the other…(gave)…patients a hope of discharge" as well as "exciting the voluntary entrance of incipient lepers to the hospital."[175] With the increased voluntary admission to the hospital, he then concluded his presentation affirming the effectiveness of ethyl ester compound of chaulmoogra oil and urging for "modification of the previous European system…(of) the absolute life – long isolation." For him, given the success at Sorokto, the outdated European mode of practice "should give way to our discharging system of the tolerably healed cases, for the purpose of more effective eradication of leprosy" and thereby "better fulfill the true purpose of the eradication of leprosy and satisfy human sentiment."

For his paper, three discussants were in attendance: Victor Heiser, C.D. de Langen and William Fletcher. As for Heiser, as mentioned above, at this time, he was associate director of the Far Eastern section of the IHB for Rockefeller. And as for de Langen and Fletcher, they were members of FEATM from Batavia and Kuala Lumpur respectively. As for the comments on Shiga's paper, the three discussants were in general positive towards the trial experiment going on at Sorokto. Heiser in particular, was in agreement with Shiga's argument of impracticality of the European model of absolute isolation and suggested two measures to

[175] Kiyoshi Shiga, "Result of Treatment of Leprosy in Chosen, and View on the Isolation Problem of Lepers." In. *Far Eastern Association of Tropical Medicine Transactions of the Sixth Biennial Congress held at Tokyo, 1925*. Vol.II (Tokyo: Waibunsha Printing Co.) 695.

improve the discharge of cured patients going on at Sorok Leprosarium – the establishment of out – patient clinic and training the colonial health workers to ensure the early detection of leprosy patients and supply of injections of the oil. The other two raised questions on the definition of the 'cured' patients, but Heiser rebutted this question raised by further commenting that microscopic examination of skin samples be done in order to pronounce patients as "cured" case. Aside from the definition of "cured" patients, de Langen and Fletcher had no serious objections and in overall, the paper was received positively by the three discussants.[176]

What is important in regards to Shiga's presentation at the 6th Congress of the FEATM were two factors: One, the discharge of patients going on at Sorokto under Hanai at this time and second, Shiga's meeting and discussions with Heiser, the former director of U.S. Public Health Services in Philippine and who was responsible for the American colonial leprosy control policies in this America's Orient. As for the discharge of patients at Sorokto, Shiga's paper showed the divergent views and practices on segregation of leprosy patients that existed within the Japanese colonial health body in Korea at this time. Today, Sorok Leprosarium is popularly 'remembered' for its inhumane practices and absolute segregation is held up as one of the more famous examples of the cruelty of Japanese colonizers. In popular media and in literary works in particular, absolute segregation and the tragic severance of ties to outside world by the patients have been dramatized countless times. Yet, what Shiga's presentation makes clear is that absolute segregation constituted only a partial history of colonial leprosy control in Korea and that it should not be totalized as to represent the overall characteristics or more importantly, reduce the history of leprosy in colonial Korea to the binary logic of Japanese colonial repression against the sufferings of colonized Koreans.

[176] *Ibid* 696 – 697.

Second, what Shiga's interaction with Heiser also showed was not only his role in shaping the Korean colonial health and sanitation but perhaps more importantly, his international network and activities that led to placing Korea on the global map of leprosy eradication. To see how Shiga's interactions with figures such as Heiser led to the inclusion of colonial Korea within the worldwide international health and sanitation movements that at this time, it is worth examining Heiser, his discussant in Tokyo and an all too important figure within the American history of colonial public health and sanitation. As cited above, Heiser served as the director of Philippine Public Health Services and as the personnel in charge of Far Eastern section for the Rockefeller International Health Bureau. Yet, for students of global history of leprosy, Heiser should be studied not just for developing American colonial public health control in the Philippines, but also for the way in which he rearticulated colonial leprosy control as global health and medical concern. To see how the globality of leprosy eradication came into being in the interwar period, Heiser and his writings will be examined below.

Victor G. Heiser and Leprosy Control in the Colonial Philippines

"The Philippines were a huge laboratory in which my collaborators and I could work out an ideal program."

Victor G. Heiser, *An American Doctor's Odyssey*, 1936[177]

As mentioned above, when Heiser came to Korea in 1916, he was going into his second year as the associate director of the Far Eastern Office of the International Health Board of the Rockefeller Foundation. And prior to joining the Foundation in 1915, also as discussed above, Heiser served as the Quarantine Officer and director of the U.S. Public Health Services in the Philippines from 1904 to 1914. He came on board the Foundation in 1915 and served at the IHB until in 1935. In 1936, with the aid of a ghost writer, Heiser penned his autobiography titled, *An American Doctor's Odyssey*, which became a nation – wide bestseller and ended up undergoing twelve reprints. In the autobiography, he chronicled his life from having survived the Johnstown Flood at an young age to undergoing his medical training at Marines Hospital in New York, treating the wounded from the Spanish-American War to serving as the health inspector at the famed Ellis Island customs office in New York. However, what caught the fancy of the American readership reading *An American Doctor's Odyssey* during Great Depression was his tale of overseas adventures from his international quarantine duties at Naples, Italy to his

[177] Victor G. Heiser, *An American Doctor's Odyssey*. (New York: W.W.Norton & Company, 1936) 77.

'success' as colonial health bureaucrat in the Philippines and finally, his globe trotting travels as the Officer of the Rockefeller Foundation.

From the Old World to Siberia and to the tropical terrains of Southeast Asia and South America, what Heiser outlined in his autobiography was the triumph of the American public health 'system' in combatting and conquering the diseases that plagued mankind. Written two decades before the Pax Americana of the 1950s, what Heiser's autobiography showed was the ambitions of the American colonial power to reorder the post – First World War global world order according to the values and agendas of the American 'system.' Heiser was convinced that given his empirical experiences and that of American scientists, the United States had mastered the perfect art of making medical science 'applicable' in bettering the world. His belief certainly was in tune with that of the Rockefeller Foundation, whose the motto was "to promote the betterment of mankind" but what Heiser also showed in his autobiography was his confidence in American medicine and the soundness of American colonial governance in serving the greater good of the mankind. In going beyond the narrow confines of nation – state and actively reordering and improving the world, Heiser felt no other powers other than Americans were best suited for the task. As the Old powers – Britain, France, Germany and Russia all failed and 'collapsed' due to the outdated modes they practiced, to Heiser, the American medicine combined the best of the Old World – medical science as laboratory experiments with the New World innovation – the public health and sanitation controls that the Americans successfully carried out in Hawaii, Cuba, Puerto Rico and Panama. However, what particularly convinced Heiser of the superiority of the American medical system was his 'experiment' in the Philippines. If the colonies were the indeed the laboratories of experiments for the metropole, as noted by Ann Stoler and Frederic Cooper, Heiser had no qualms in believing that the public

health and sanitation measures that he carried out in the colonial Philippines could perfect the public health system in America and also benefit the world as well.

And it was within this belief of the superiority of the American medicine that V. Heiser narrated in his autobiography the conquering various diseases such as pest, cholera, smallpox and leprosy that he encountered in the Philippines. For all these diseases that connoted the savagery of the uncivilized Filipinos yet to be graced by modernity, the U.S. Public Health Services represented the vehicle for sanitation and hygienic modernity. To do this, Heiser presented himself as the austere and rigorous colonial overlord whose knowledge and authority not only permitted him to wash "the little brown bodies" but also to cleanse their souls as to be readied for tutelage under modern American style of governance. He believed that his health and sanitation 'reforms' could make Filipinos become as good as Americans and it was with this conviction of civilizing the natives that he 'attacked' and eradicated diseases with vigour. Also, as someone who appreciated dramatic flair, he sought ways to highlight the symbolic value of the American Occupation – modern and new that contrasted with the old and feudal ways of the Spanish colonial rule. He oversaw the reconstruction and expansion of Culion Leper Colony located in the remote island of Palawan established by the Spanish government in the 17th century. As leprosy was understood as ancient disease traceable back to the Biblical times, giving attention to 'modernizing' leprosy, which the American colonial practitioners had first 'pioneered' at Molokai in Hawaii, was to imbue the newly built Culion with the decisive difference brought by American 'occupation.'

It was for this reason of dramatizing the success of the American Occupation that when Culion first opened after the completion of expansion, Heiser was at the pier of the island to

greet the first boatload of incoming patients.[178] Also, the program and treatment of Culion was emphasized with its modern American features to denote the benevolent and yet innovative and modern scientific methods of the American colonization of the Philippines. According to Heiser, the patients were brought in voluntarily on their own instead of being forced. The assumption was that unlike the other colonial powers, the idea was that American democratic values were superior as to prove that patients could be brought in without the use of force. And second most important feature was that chaulmoogra oil, the oil that had been recently discovered to have effect on halting the progress of the disease, was to be injected under the skin of patients with the use of hypodermic needles. Unlike the old methods of boiling the oil and consuming orally, injection under the subcutaneous layer of the skin was to be more effective in providing topical treatment of the disease. These two features were then combined with the third measure, which according to Heiser, showed the superiority of the American leprosy control in the Philippines and the success of the American public health and sanitation program in the America's Orient. 'Self – government,' according to Heiser's speech in 1916, was the hallmark feature of governing in the lives of the Filipino patients.[179] Unlike the old feudal ways of the Spanish colonial rule, where the lives of the Filipinos were dictated by the Catholic Church, under Heiser's directorship and that of Public Health Services of the American Occupation government, the patients were given 'liberty' to pursue life, property and happiness according to the spirit of the Declaration of Independence.

As Warwick Anderson noted, the patients were encouraged to form their own police squad, own their plot of gardens, to engage in trade, to form and practice bands and to vote and

[178] *Ibid* 235.
[179] Victor Heiser, "Fighting Leprosy in the Philippines." Series I Heiser, Victor G. American Philosophical Society.

operate government of their own in this remote island. It was, as Anderson had observed, perfect symbolization of the tutelage in democracy and self – government under American occupation.[180] And this pattern of promoting voluntariness of segregation of patients and treatment of patients would be replicated in other parts of the country and also would be largely publicized by not only Heiser, but by the U.S. Public Health Services as the feature hallmark of the American health, hygiene and sanitation programs in the successive occupied areas. As for the promotion of self – government in Sorok Leprosarium as an example of the success of democratization in South Korea under the American military government, this will be discussed in Chapter 4 of the dissertation. For now, it is important to note that part of Heiser's international fame and reputation rested on this 'success' that he achieved in dramatizing Culion as symbol of success of American colonial rule in the Philippines.

For researchers on the global history of leprosy, examination of Heiser's voluminous body of writing – his diaries, letters, reports and manuscripts yield invaluable information as to how global circulation of leprologists and leprosy control took place in the interwar years. In particular, with his background as American colonial health bureaucrat and as personnel for the Rockefeller Foundation, Heiser's paths crossed many figures and organizations involved in leprosy control and research. He made periodic visits to Hawaii and Philippines, which almost appears to have been his second home and he was very close to figures such as C.B. Lara and H. Wade who were in charge of Culion. He was in addition, in communications with major leprologists around the world and in fact, after his retirement from active duty as member of the Industrial Hygiene and Sanitation during WWII, he founded the Heiser Foundation dedicated to research on leprosy. Within leprology communities, this foundation has become one of the

[180] Warwick Anderson, "Leprosy and Citizenship." *East Asia Cultures Critique*. 6.,p. 707 ~ 708.

major institutes for research onthe disease. Also of note in this regard is that he served as the first president of the International Leprosy Association when it was founded in 1931. In the case of Heiser's relations witho Korea, his visit in 1916 and his visit to Wilson at this time to discuss the failed deal with the Japanese colonial government over the joint merger of Korean leprosaria have been cited earlier in this chapter. The records he produced during this segment of the visit yield invaluable information that can provide corrections to many of the wrong assumptions that have been circulating within Korean scholarship on the history of leprosy for years. Moreover, his visit has also left records of places that are no longer within Korea. For example, the photos of Kwangju Leprosarium that Heiser took during this trip are also indeed precious as both the current Kwangju Chrisitian hospital and Yŏsu Aeyangwon Leprosarium are not in possession of photos of its very early history.

Yet, perhaps the most important aspect of Heiser's record during this visit truly would be his discussion with Wilson over the collapsed talk between the Japanese colonial government and Christian leprosaria for merger of the two sides. Until now, it has not been known to Korean scholars and those interested in the history of leprosy in Korea that there had been series of discussions between the Japanese colonial government and the missionaries in the 1910s and 1920s as to the merger and co – management of the leprosaria in Korea.[181] The reason for this has been the problem of scholarship whose empirical research on the topic had been mostly focused on Japanese materials and lack of attention paid to English source materials. Also, another reason for the unawareness of this fact has to do with the prevailing argument of the

[181] The files related to the talks between the colonial government and the missionaries are held in two places. One is at the U.S. Presbyterian Historical Society in Philadelphia and the other, is at the Leprosy Mission International. For Presbyterian Historical Society, see, O. Avison, "Report on Leper Work in Korea." (Nov. 22nd, 1919). RG 140, Box #14 Folder #20 and "Leper Conference – Evening Session." RG 140 Box 14 File 20. Presbyterian Historical Society. For Mission to Leper files, see, Box 6 File 9. The Leprosy Mission International.

relations between the colonial government and the Western missionaries. In particular, Jung Keunsik had proposed in his two early essays on the history of leprosy control in Korea that the relations where he characterized the relations between the two factions as 'hegemonic contestations' (*heg'emonic kyŏngjaeng*) applying Antonio Gramsci's notion of hegemony to the supposedly cooperative and yet contested relations that had existed between the two factions.[182]

The argument can be summarized as follows: In terms of 'hegemonic' projects such as hygiene and sanitation projects such as leprosy control in Korea, the colonial government and the Western missionaries, in particular the American missionaries were engaged in competitive and contested relations where both sides competed to grasp the hegemonic dominance. Particularly in leprosy control, Jung's argument was that the colonial government began to express interest only after seeing the initiative and the popularity of the Christian leprosaria, which began in the early 1900s. According to his theorization, the Christian leprosaria held 'hegemony' in the 1920s, in terms of its resources, scale of projects and number of patients. Whereas the number of patients in the three leprosaria combined toppled two thousands, the colonial leprosarium which belated began in 1916 numbered around one hundred. However, this dominance of the Western leprosaria began to 'change' in the 1930s, as the Great Depression crippled the funding and donations of the Christian leprosaria. The three leprosaria had depended on the overseas donations and as these dried up, they were compelled to rely on the assistance given by the colonial government. Therefore, with large funding injected to the expansion of Sorok in 1933 and the new revision to the mandatory regulations on isolation and segregation, according to Jung, the colonial government began to 'dominate' the agenda for leprosy control in the 1930s

[182] Jung, Keunsik (Chŏng, Kŭnsik). "Hanguk esŏ ŭi kŭndaejŏk na kuryo ŭi hyŏngsŏng." *Pogŏn kwa sahoe kwahak* 1 no.1 (197):1 – 30. *Ibid*,"'Singminjijŏk kŭndae' wa sinch'e chŏngch'i – ilcheha na yŏyangwon ŭl chungsim ŭro" *Sahoe wa yŏksa* 51 (1997):211 – 265.

and 1940s. So much so that the relations, which at one point was contestation, had by the late 1930s, changed to that of 'cooperation' where the missionaries had come to increasingly rely on the colonial government and as result, 'under' the hegemony of the colonial government.

Proposed at a time when 'colonial modernity' began to take off within the Korean scholarship and demand for revisions of colonial history was on the rise, 'hegemonic contestation' provided valuable theorization of the relations between the two colonial groups – Japanese and American missionaries in Korea and has contributed towards diversifying and complicating the stark binary understanding of colonialism, in particular, as it had been practiced within the Korean nationalist historiography.[183] Yet, as invaluable it had been in enlarging the scope of knowledge on colonial relations, it still relied on the periodization where the 1920s was seen as period of relative autonomy under the Taisho reign and the 1930s as the era of the '15 year war' or 'long war,' as it had been popularized by scholars who had been focused on the nature and emergence of fascist state in Japan and East Asia. Certainly, this preoccupation with the fascist state had been one of the major catalysts for Fujino Yutaka's pioneering study of leprosy control in pre – war Japan and this also had been underlying assumption for Jung Keunsik's argument of the dominance of the Japanese colonial state in the leprosy control, in particular, his attention paid to the bodily discipline of leprosy patients as part of colonial subject making process in the Japanese colonial leprosarium as shown in his later essays.[184]

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[183] Tani Barlow, ed., *Formations of colonial modernity in East Asia*. Durham: Duke University Press, 1997.

[184] Fujino Yutaka, *Nihon fashizumu to iryo – hansenbyo o meguru jisshoteki kenkyu*. (Tokyo: Iwanami Shoten, 1993). As for bodily discipline for the purpose of subject making, this is most clearly see in Jung's second essay,"'Singminjijŏk kŭndae' ('colonial modernity')" and in his third esay, "Tong Asia Hansenbyŏng sa ŭi yŏn'gu rŭl wihayŏ." *Pogŏn kwa sahoehak* 12 (2002):5 – 41.

Aside from the reinforcement of the 15 – year war or development of fascist state arguments within the argument of hegemonic contestation, another critical problem within this theorization of dual colonization of Korea, as Jung had extrapolated it, had been the rather sparse empirical sources to prove either the 'contestation' or 'cooperation' and hegemony of the two groups. In particular, Jung had relied on few colonial Japanese language publications on leprosy work in Korea available and some English sources, in particular selected writings by Wilson and Fletcher to theorize almost three decades of relations between the two factors. The problem of using scant empirical sources to summarize the overall characteristics of the relations between the two can be most clearly be seen in his 2005 essay, "Ilche malgi ŭi Sorokto kaengsaengwŏn kwa Yi Ch'unsang sagŏn." (Sorok Leprosarium and the Yi Ch'unsang incident in late colonial Korea). In this essay on the life and significance of the Korean patient at Sorok who killed the Japanese director with a knife in 1941, he cites the eulogy given by Mitsuda Kensuke, the director of Aiseien, Japan's first national leprosarium, to suggest the competition between the American and Japanese leprologist and scientific communities in general. To honour the slain director of Sorok, in the July and August 1942 edition of *Sound of Wind* (風の音) , a magazine published by the Japanese leprosy relief association (日本癩赤十字会), Mitsuda had uttered the following

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In the latter essay, he compares the differences in the number and type of regulations between Sorokto, the colonial government leprosarium in Korea and that of Aiseien, the Japanese national leprosarium to show 'stronger' control than existed in the Korean institution. Called "kansha no kokoru e," (患者の心得) As compelling this analysis may seem, what is interesting to note in regards to Jung's assumption is that none of the patients at Sorok Jung interviewed for the 2004 edited volume of oral testimonies by patients could recall the rules. Some even flatly told the interviewers of never having heard of such rules. See, Kuksa P'yŏnch'an Wiwŏnhoe, ed. Transcript. *Hansenbyŏng, kot'ong ŭi kiŏk kwa chilbyŏng chŏngch'aek* (unpublished).

words: "If the Americans had made Culion into the world's largest leprosarium, Suho had made Sorok into the best in the world."[185]

It could appear as if the words uttered by the most famous and controversial leprologists of Japan indeed, denoted a sense of competition that had been there between the American and Japanese leprology communities. Yet, what Jung had conveniently overlooked was that this two – lined eulogy was uttered during the time of war, especially in the early phase of the WWII, when anti – Americanism was at an all –time high in Japanese and Korean media. Moreover, another critical problem was that this eulogy was retrospectively read back against the relations between the colonial government and missionaries in the 1920s and 1930s to reach his conclusion of contestation and eventual cooperation. The problem of retrospective reading practice itself will not be explored here. However, what will be pointed out here is that the reason for Jung's use of two – lined eulogy to summarize the relations the entire history of relations between the colonial government and the missionaries could not have taken place, if not for his unquestioned assumption of the long 15 year war or the development of fascist state that already had been in place. Such deterministic reading of history and reductionistic conclusions reached based on few selective sources of writing needs to be reconsidered and more empirical research must be conducted in order to properly assess the overall characteristics of the relations between the two imperial powers in pre – 1945 Korea. In other words, the relations between the Western missionaries and the colonial government was anything but the simplistic theorization that he had outlined in his essays on leprosy control in colonial Korea.

[185] Jung, Keunsik, "Ilche malgi ŭi Sorokto kaengsaengwŏn kwa Yi Ch'unsang sagŏn." *Yŏksa pip'yŏng* 72 (2005): 330 – 359. See also, Takio, Eiji. *Chosen Hansenbyōshi – Nihon shokuminchika no Sorokuto*. (Tokyo: Miraishi, 2001).

It is for this reason that Heiser's record of the meeting that took place in 1916 holds very important clue as to not only the exchanges that went on between the missionaries and the colonial government but for showing possibilities for deriving understanding on leprosy control and that of health and hygiene practices outside of the narrow confines of colonial Japanese sources, as Jung had mainly relied on. Even the few English language sources that Jung had used had been interpreted expressly from the viewpoint of the Japanese colonial state or rather to explain the rationales of the Japanese colonial state and little has been attempted to 'understand' the rationales and the actions of the Western medical missionaries outside of the boundaries of the colonial state. It never occurred to Jung to see either the colonial medical authorities such as Shiga or Western missionaries such as Wilson and others to form network and exchange ideas and communicate outside of the boundaries of Japanese empire or modern nation – state. In short, it is for this reason that in his article, "Tong Asia Hansenbyŏng sa ŭi yon'gu rŭl wihayŏ" (Towards writing of East Asian history of Hansen's disease), organizations such as Mission to Lepers and BELRA are cited as major international organizations for leprosy relief in colonial Korea.[186] Yet the fact that both Shiga and Wilson would have interacted with figures such as Heiser, the ex – American colonial health bureaucrat, Rockefeller Foundation officer and active participant in the Health Organization of the League of Nations has not been entertained. In other words, with few select sources, Jung had articulated leprosy control strictly as colonial relations within Korea so much so that he could not entertain the idea of seeing leprosy control at this time not just as colonial relations but as worldwide international health movement of the post – WWI era when demand for globalizing medicine and health that went beyond nation – state was on the rise.

[186] Jung, Keunsik, "Tong Asia Hansenbyŏng sa ŭi yon'gu rŭl wihayŏ." *Pogŏn kwa sahoehak* 12 (2002):5 – 41.

And just what did Heiser's communiqué with Wilson show? In his communiqué with Wilson, Heiser noted that when the colonial government began to explore the establishment of a government leprosarium, that they approached the missionaries, in particular, Robert Wilson for the joint operation and management of the leprosaria in the peninsula.[187] And according to the letters that Wilson sent to the Mission to Lepers headquarter in London, it shows that the missionaries were in favour of collaboration with the colonial government in developing national leprosy control. Indeed, Wilson and the Southern Presbyterian Board went so far as to approve for Wilson's cooperation with the colonial government.[188] The deal fell through when Wilson found out that the colonial government had chosen a site that according to him was far from his leprosarium and not within easy commuting distance for him. It was actually Wilson who ended up declining the colonial government's offer.[189] Heiser surmised deliberate intention on the part of the Japanese colonial government in Korea for offering a deal where Wilson could only but decline. Yet, this deliberate play for exclusion of the missionaries does not seem to have been the case. Examination of a similar offer by the Japanese colonial government in Taiwan seems to show otherwise.[190] According to the letter submitted by Gushue Taylor, the Canadian medical missionary who had been operating the Happy Mount Colony (Lo Shan) in Taiwan to Mission to Lepers in 1928, the colonial government in Taiwan approached the septuagenarian medical missionary to run the about to be built colonial government leprosarium. Taylor declined due to his advanced age. The similarity of the case between the Taiwanese colonial government's offer

[187] Victor Geog. Heiser, "Notes of 1916 Trip." Series IV 103. Victor Heiser Papers. American Philosophical Society.;
[188] Robert Wilson, Letter (April, 29th, 1916). Box 6 File 9. The Leprosy Mission International.
[189] *Ibid.*
[190] Taiwan File. Box 118 File 5. The Leprosy Mission International.

and the Korean precedence in 1912 begs for reconsideration of the standing argument on the contested relations between the Korean colonial government and the American missionaries.

Also, just how 'contested' were the relations between Mitsuda, whose 1942 eulogy Jung had cited as an example of the contestation between the Japanese leprology community and that of the Americans? One source that can show a different picture of the hypothesis constructed by Jung is Heiser's visit to Japan in 1924 when Heiser visited Mitsuda at the Zensei Hospital, located in the Murayama district, in the outskirs of Tokyo. A year before their meeting, Heiser had already attended the presentation given by Mitsuda at the Third World Congress on Leprosy held at Strasbourg in 1923. At the Congress, Mitsuda had presented on the status of leprosy control in Japan and when Heiser, with John Grant (PUMC) visited Japan to explore the establishment of School of Public Health at Tokyo Imperial University, he was urged by the Japanese scientists to visit Mitsuda at Zenshoen.[191]

His diary entry written in preparation for his 1924 report to the Rockefeller Foundation shows he was greeted warmly by Mitsuda and Heiser seemed to have gained a favourable impression of the treatment practiced by the most famous leprologist in Japan at the time.[192] Mitsuda, who would later gain notoriety for championing absolute segregation and mandatory sterilization of patients in the later years, showed his program and also made mention of his following of Heiser's hypodermic injection of ethyl ester compound of chaulmoogra oil. As this encounter was recorded by Heiser, he would have chosen to focus on the flattery given by Mitsuda and yet, what this encounter shows was that Mitsuda, contrary to Jung's assumption,

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[191] Victor G. Heiser, (Diary entry – May 31st, 1924) Series IV/ Box 99 – Far East Trip – Japan 1924. American Philosophical Society.

[192] In the manuscript prepared for *An American Doctor's Odyssey*, Heiser recounts how the meeting took place as series of result of strong encouragement from the Japanese scientists met in Tokyo. Heiser told of the amusing encounter with Japanese scientists, knowing his record on leprosy, all approaching him for support on leprosy research in Japan.

seems to have been more than hospitable towards Heiser and welcoming of exchanges with the American colonial health bureaucrats, particularly, one that had been successful in elevating Culion to the status of world's largest leper colony. Perhaps, it was for this reason that in 1942, in his eulogy for Suho, Mitsuda compared Sorok to Culion to denote the excellence of achievement in leprosy control by colonial bureaucrats such as Heiser and Suho Masaki's achievement as to be on par with that of the American leprosarium in the Philippines.

As mentioned above, Heiser has never been been cited nor discussed by East Asianists working on history of leprosy or of public health and sanitation. This is understandable given little attention paid to the activities of the Rockefeller Foundation until recently. In discussions on public health, much attention has been paid to the development of Japanese public health system, particularly of the war years and its ramifications for East Asia, particularly in places such as Korea and Taiwan. Also, as Rockefeller Foundation had been active in parts of China and as Rockefeller himself had been pro – China, there has been examination of Rockefeller in relations to China. Yet, even for Chinese historians of medicine, as emphasis had been placed on the Nationalist Government in Nanjing and the activities carried out there within, the attention paid to Rockefeller Foundation and that of the international health movement had been tangential at best. Given this, it is easy to dismiss Heiser's writings in assessing the history of leprosy in Korea and East Asia overall. However, the position of this dissertation is that it is worth paying attention to Heiser as he was one of the early colonial bureaucrats to popularize leprosy control and propagandize leprosy control as a symbolic reminder of the overall success of colonial public health programs. Also in addition, another factor to consider in examining the Rockefeller Foundation is that as perhaps the most well – known and as the wealthiest

international health agency, the Foundation played a critical role in the founding of the Health Organization of the League of Nations.

Generally, the League of Nations is more publicly well known in relations to the Treaty of Versaille, but little has been explored in scholarships aside from the Treaty. Part of the reason for this has to do with the shadow cast by the expansion and development of public health services in Allied and Alliance countries during WWII and the post – 1945 United Nations – initiated activities. As such, many have not paid attention to the movement to found international health that existed in the interwar years. Yet, it is this interwar initiative that would later shape the outline of the global public health programs of the United Nations, the WHO and also the International Cooperative Agencies of the U.S. State Department. Therefore, what Heiser's writing also shows is the possibility of reading the internationalism and health concerns in interwar period. It is for this reason that in the following, the Leprosy Commission of the Health Organization of the League of Nations will be examined. What the movement found in 'global' treatment of leprosy prior to WWII shows is that leprosy was 'global' concern and there were discussions, including Shiga and Japan in particular, for global cooperation rather than contestation.

Leprosy Commission of the League of Nations Health Organization (1928)

If leprosy control is not to be understood exclusively within the confines of the emergence of the fascist state, then one organization to pay attention to is the Leprosy Commission of the Health Organization under the League of Nations. A forerunner to the World Health Organization formed in 1948, this Office set the policies and agendas for the internationalizing of disease, health and sanitation treatments. What scholars such as Fujino Yutaka and Jung Keunsik have overlooked in their attempt to interpret disease control as that of the fascist nation – state, or in this case, the workings of imperialism and colonial relations, was that particularly since the end of the First World War, there had been concerted movements internationally to make health and medicine as globally applicable as possible. That is, whereas prior to WWI, health and medicine were linked to the welfare of the nation – state, the collapse of the old empires like the Austro – Hungarian Empire, Imperial Russia, Germany and the near bankruptcy of other Western colonial powers made many to question and seek for solutions outside of the boundaries of the nation – state. For health and sanitation, this was acute and critical as refugees from the WWI were on the rise and the influenza pandemic of 1918 (Spanish Flu of 1918) made many nation states to see the need for supranational bodies that could coordinate and tackle global spread of diseases. This was one of the reasons that led to the founding of the Health Organization of the League of Nations in 1921.

To be sure, there were international bodies of health and medicine that had existed prior to the founding of the Health Organization. According to Heiser, who was also ardent proponent

of international medicine, the idea of international congregations on medicine and health had been around since the mid – 1800s.[193] The very first international plague convention was organized in 1851 and in 1895, the first world congress on cholera was convened. Two years later, in 1897, the very first world conference on leprosy was held in Berlin. Organization wise, the Red Cross had been created on the heels of the Italian War of 1859 and prior to the creation of the Health Committee (later renamed as Health Organization) of League of Nations, l'Office international d'hygiene publique (OIHP) was formed in Paris in 1907. Prior to WWI, the understanding of organizations such as OHIP had been that diplomatic accords had to be reached in order to protect the nation – states against the spread of epidemics like cholera and yellow fever.

However, this all changed with the WWI and the outbreak of 1918 influenza epidemic, which spread so wide globally and resulted in such catastrophic number of deaths through out the world that it was finally recognized that nation bound health and sanitary organizations alone were insufficient to tackling global spread of diseases. Moreover, health officials and scientists throughout the world began to see that temporary measures, such as quarantine to halt the spread of disease were insufficient to tackle the root of the problem. Moreover, what began to be recognized by scientists and health officials was that cures for diseases were merely stopgap measures and what fundamentally needed to be tackled was global improvement of overall health of mankind. With the view towards creating an office that would oversee the global health and sanitary concerns, in 1923 the Health Organization of the League of Nations was formed. The Office was headed by Ludwik Rajchman, a brilliant Polish bacteriologist, who envisioned the Health Organization of the League of Nations as a vehicle for "social medicine

[193] Victor Geog. Heiser, "International Aspect of Preventive Medicine" (December, 1936). Series I. American Philosophical Society.

serving humanity." Articulating medicine as a means of social activism, he attracted likeminded health administrators and experts to the various posts within this very first global health organization, including Kinosuke Miyajima, the head of Kitasato Institute and Kiyoshi Shiga, both mentioned earlier..[194]

With the creation of the Office, various committees under the organization subsequently followed. The Epidemic Commission, which was formed to process the typhus outbreak and refugee relief in Eastern Europe following the aftermath of the WWI was formed in 1920 and lasted until 1923. The Eastern Bureau of the League of Nations was formed in 1925 to collect and disseminate epidemiological dataof Asia. Based in Singapore, until 1942 this institute functioned as an important hub for international scientists and medical personnel carrying out research in East Asia. And from the mid – 20s, following the reorganization of various offices and duties, sub – committees to specialize in selected diseases were established. Leprosy, malaria and tuberculosis commissions were formed in 1928. Moreover, at this time the Health Organization of League of Nations (here abbreviated as LNHO) worked in concert with other international health organizations such as the Rockefeller Foundation.[195] In the case of leprosy, the Health Organization was in communications with BELRA (British Empire Leprosy Relief Association), the British Mission to Lepers, the American Mission to Lepers and the International Leprosy Association (ILA) founded in 1930.[196]

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[194] Martin David Dubin, "The League of Nations Health Organisation." In. Paul Weindling ed. *International health organisations and movements, 1918 – 1939*. (Cambridge: Cambridge University Press, 1995) 56 – 80.
[195] *Ibid*.
[196] "Leprosy Committee – Various Correspondence." "Leprosy – Correspondence with British Empire Leprosy Relief Association." R5878 1928 – 1932. League of Nations Archive.

The Leprosy Commission came as result of series of discussions on leprosy that took place in the aftermath of the Third Congress on Leprosy held in Strasbourg in 1923.[197] In 1924, the medical director of Health Organization and Rajchman raised the issue of making leprosy eradication a global concern and in continuation of the dialogue, in 1925, the Far Eastern Bureau of the League of Nations hosted the meeting of the colonial health bodies and personnel in Tokyo.[198] In 1926, the medical director of the Health Organization formed an international panel of experts on leprosy. Kiyoshi Shiga, the dean of faculty of medicine at Keijo Imperial mentioned earlier, was invited by the Health Organization to join the newly established panel on leprosy and he agreed to do so in his letter to Rajchman in 1926. And from January of 1929 to June of 1930, surveys were sent throughout the health agencies around the world and in conjunction, Etienne Burnett, the head of the Leprosy Commission, made trips around Asia, Europe and South American to compile reports on leprosy control in various countries. His findings were later published as the *Report on the Study Tour of the Secretary of the Leprosy Commission in Europe, South American and Far East* in 1930.[199] Also in the same year, based on the meetings in Bangkok and Manila, the Report on the Program of the Work for Leprosy Commission, which became the draft for the first general book on leprosy published by the Leprosy Commission titled, *The Principles of Prophylaxis on Leprosy,* in 1931.[200]

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[197] "3rd International Conference on Leprosy – Strasbourg, July 28 – 31, 1922." R. 898 1928 – 1932. League of Nations Archive.

[198] League of Nations Health Organisation. *Health Organisation in Japan: Thirty – six Conferences given in Japan on the Occasion of the Interchange Study Tour organized for Medical Officers of Health from the Far Eastern Countries by the Health Organisation of the League of Nations, October to December 1925*. C.H. 332.

[199] "Leprosy Enquiry: Missions of Dr. Burnett to Europe, Latin America and to Far East. REPORTS" R5893. 1928 – 1932. League of Nations Archives.

[200] "Leprosy Commission: 1st General Report." R5893. 1928 – 1932. League of Nations Archives. R.5878. 1928 – 1932. League of Nations Archives.

Indeed, according to the Report on the Program of the Work for Leprosy Commission submitted to the Health Organization, the writers of the report acknowledged the great need for international prophylaxis on leprosy control and yet admitted as much to the difficulty of making internationally standardized treatment and practice on leprosy control. The writers acknowledged that given the long history of leprosy treatment and practices among several nations, "a whole complex of circumstances was hampering progress in the study and prevention of leprosy, vis., insufficient organization, unsystematic use of resources, uncertainty on points of paramount importance for the establishment of the bases for prophylactic work, and a certain lack of contact and agreement between medical men and research workers in different countries."[201] However, despite the obstacle lying towards the global study and cure for leprosy, the Health Organization predicted a positive future towards the global leprosy control. The writers of the Report noted that given "the progressive spirit shown by medical men, scientists and missionaries, new forms of organization already in existence and practical problems which are already on the road to solution," To the newly found Leprosy Commission of League of Nations, leprosy was disease that could be treated on global scale with global cooperation.

Some of the most notable features of *The Report* were the international centers for study of leprosy proposal to build international centers of research on leprosy and also the outline of agendas and platforms for discussion. These were some of the agendas that the Commission felt the need for discussion at the upcoming conference at Leonard Wood Memorial in 1930. However, these agendas were not the only task the Commission envisioned for the global treatment of leprosy. For long – term study of leprosy, the Commission felt the need for international centers for the study of leprosy and they proposed three sites where research on

[201] "The Report on the Program of the Work for Leprosy Commission submitted to the Health Organization"

leprosy could be conducted – Philippines, Brazil and Japan. As for Brazil, the Oswaldo Cruz Center had already been placed at the disposal of the Health Organization. Brazil joined the League of Nations in 1923 and to pay for their membership in the League, the Brazilian government offered the establishment of research institute devoted to the study of leprosy. With regard to Japan, the writers of the report acknowledged the excellent work that was being done in Japan and also the large number of leprosy patients in Japan. They proposed building another center for study of leprosy as Japan presented an ideal case for furthering the study on leprosy.

In order for a country to qualify for the building of an international research, the Health Organization outlined six categories – scientific environment, clinical material, chemical laboratories, staff, program and budget. According to the Health Organization, "there is body of expert leprologists, both practitioners and laboratory workers." Also, "the organization of the leprosaria is one of the best in existence, and each establishment has well – equipped laboratory attached to it." Moreover, "all the dermatological clinics of the universities have consultation clinics for lepers." Even though the leprosaria in Japan are far from the centers of research such as Tokyo, with "excellent communications" like this, the committee felt it should not be a problem. In addition, throughout the empire, the Leprosy Commission noted the excellent leprosaria being operated near Tokyo at Zensei Hospital and both Osaka and Tokyo have "highly original work on serology of leprology" being carried out in the Japanese empire. Yet, aside from these two most well – known sites for leprosy research within Japan, their attention turned to the situation in Korea. The commission made note of the fact that "attention … has been drawn by the work of Professor Shiga" and as result, according to the committee, Korea appeared to "offer(s) rich field of investigation."

Given the global recognition of the role Brazil, Philippine and Japan by the League of Nations at this time, what is important to note is that these three countries would later emerge as the three major centers of research on leprosy in the post – WWII era under the sanction of the World Health Organization. Brazil by far, still is known for its high number of leprosy patients and Oswaldo Cruz center still is regarded as one of the prestigious institutions for leprosy research.[202] As for Philippines, it is not by accident that the Western – Pacific Headquarter for WHO is based in the capital of the former American colony. And as for Japan, what is notable to see is the activities of the the Nippon Foundation or Sasakawa Foundation and its relations to the international leprosy organizations such as ILA, IDEA and ILEP, some of the major international organizations on leprosy at the moment. As for Sasakawa's ties to Korea, they began in 1972 with the funding for the building of the leprosy research center in Yong'in.

And as for the international prophylaxis of leprosy as envisioned by the Leprosy Commission of Health Organization, the writers of *The Principle of Prophylaxis on Leprosy* (1930) first distinguished the prophylaxis into treatment – "dietic, medical and surgical" and isolation of patients. The prophylaxis was then further categorized into nine categories: legislation, epidemiological control, education and propaganda, scientific research, isolation, dispensaries, service for discharged patients, children of lepers and marriage of lepers. This was then followed by discussions on "the uniformity of terminology, records and techniques of examination." For the writers of the report, despite the degrees of difference in the practice of treatment of leprosy, the features mentioned above were the generally agreed upon principles in which to unite the global treatment of leprosy. For the enthusiasts of Korean history of leprosy, the 1931 outline of the international prophylaxis on leprosy as articulated by the writers of the

[202] Another interesting aspect of the history of the Oswaldo Cruz Institute is its long association with the Infectious Disease Institute in Hamburg, Germany, founded by Paul Ehrlich.

Leprosy Commission is invaluable source for demonstrating the very international 'origin' and global practices of the colonial leprosy control that has over the last decade has come to be under much scrutiny and mired in controversy for its victimization and violation of human rights of Hansen's disease patients in Korea, Taiwan and Japan. In particular, measures such as mandatory isolation, discouragement of the marriage of patients and separation of children from parents with the disease, had been highlighted and sensationalized by Korean media and also argued by academics like Jung Keunsik so as to highlight the defining characteristics of Japanese colonization of Korea. In short, the bestiality of practices such as mandatory isolation, sterilization of male patients and abortion on pregnant female patients – to 'discourage' the increase of leprosy population, all but showed the true brutal nature of Japanese colonial regime and its colonization of Korea and Taiwan.

Such interpretation of medical practices has gained much steam for the past decade as the Hansen's disease patients in Japan, Korea and Taiwan have launched and won suits against the Japanese government for the past wrongdoings. Also just recently, the South Korean Superior Court awarded the former Hansen's disease patients who had undergone sterilization and abortion compensation of 1.5 million wŏn per month . With the discourse on disease so strongly focused on the human rights of Hansen's disease patients and the violation of individual human rights by the state, there have yet to be efforts to examine and 'understand' these health and medical measures outside of the popular interpretation where sterilization, abortion and preservation of aborted fetus is nothing but the most clear evidence of the almost irrational and inexplicable rationale of the war – mongering Japanese empire. As eugenics could only but be explained exclusively within the context of fascist states in Germany and Japan, so could

Hansen's disease appearance front and center be yet another feature of the rise of fascism and instigator to war in East Asia and especially in colonial Korea and Taiwan.

What obviously has been missing within the heated rhetoric and public display of the grievances against the past wrongs of the state has been the contextualization of the history of medicine on leprosy. The Christian moral condemnation and the national righteousness against the colonial and post – colonial states have effectively discouraged researchers to engage in more empirical research to unearth new materials that could provide fresh interpretations on the issue. Moreover, as the popular discourse of the human rights of Hansen's disease patients has so prevailed, scholars and public alike have already reached the consensus as to not to entertain possibilities for different explanations. Sterilization of the male patients at Sorok Island is very good example of such instances where moral judgment outweighs more reasoned and nuanced historical contextualization to sensitive issues. Within the Korean literature on leprosy, the sterilization of male patients has been mostly known as the work of Japanese colonial health and medical experts. Jung traces the history of sterilization to Mitsuda's proposal in 1915 and to Shiga's brief statement given to the Korean newspaper in 1927. Yet, the sterilization of male patients as means for reducing the patient population and exchange of marriage has not been proposed by the Japanese colonial health bureaucrats, but by the missionaries in Korea.

Jung erroneously dates the Christian missionary initiative in sterilization and marriage exchange to Wilson's sterilization and officiating of marriage to patients at his Yosu Leprosarium in 1934.[203] However, the missionaries' advocate for sterilization dates back much earlier than what Jung had assumed. As early as 1918, according to the proposal submitted by

[203] Jung, Keunsik,"'Singminjijŏk kŭndae' wa sinch'e chŏngch'i – ilcheha na yŏyangwon ŭl chungsim ŭro" *Sahoe wa yŏksa* 51 (1997): 248.

the Christian leprosy workers in Korea to Saito Makoto, then the Governor General, the missionaries outlined a national program for leprosy where they proposed sterilization of male patients in exchange for marriage permission. The proposal was drawn up by the directors of the three Christian leprosaria in Korea (J.N. Mackenzie, A. Fletcher and R.M. Wilson) and O. Avison, the principal of the Severance Union Medical College.[204] This proposal which called for the merger of Christian leprosaria and the newly established government leprosarium in Sorokto was part of the attempt by the missionaries to re – engage the colonial government after the debacle of 1912 ~ 13 when the Christian missionaries declined the colonial government's offer to jointly run the about to be established government leprosarium. At the time, as the missionaries were being well – supported by the Mission to Lepers and it appears Wilson had the confidence to decline the offer. However, five years later, this was not the case. The Mission to Lepers, which found spending excessive in Korea compared to other leprosaria began to put pressures on the Korean missionaries to seek support of the colonial government. As an attempt to do so, the missionaries enlisted the help of Avison, who was on good terms with Saito Makoto, to initiate the dialogue. In the end, their proposal was declined but throughout the 1920s, the Western missionaries repeated sought opportunities for cooperation and lobbied for support from the colonial government.

That it was the Christian missionaries who first proposed the sterilization of male patients should give pause to the current popular understanding of the supposed difference between the Japanese colonial leprosy control and American Christian leprosy control. That is, whereas the Japanese leprosy control exemplified the repressive colonial rule, the Christian leprosy control is

[204] O. Avison, "Report on Leper Work in Korea." (Nov. 22nd, 1919). RG 140, Box #14 Folder #20 and "Leper Conference – Evening Session." RG 140 Box 14 File 20. Presbyterian Historical Society.

widely understood as 'mission' and relatively less oppressive and more humane than the one that had been exercised by the colonial government. Yet, examination of the meeting record of the Kwangju leprosarium church (*Pongsŏnni tanghoerok*) shows that the Christian leprosaria exercised corporal punishment and were just as repressive as in terms of regulating the lives of the patients. Also, during my interviews, it was not difficult to come across stories of the abuses that went on inside the Christian leprosaria as well.[205]

This equating of controversial medical measures to exclusively Japanese colonial practice is not confined to male sterilization. The same logic applies to the abortion conducted on female patients. In 2006, a member of the National Assembly from Kohŭng County showed a picture of the preserved aborted fetuses that used to be kept inside the dissection lab of Sorok.[206] The National Assemblyman in question showed the picture to draw public attention to the atrocities that went on inside Sorok during the colonial era and also to urge his fellow assemblymen to pass the special law on the compensation for the Hansen's disease patients. The preserved fetuses are no longer at Sorok and many assume the preserved fetuses to have been destroyed after drawing public attention. Witnesses however, recalled seeing the glass displays of aborted fetuses until the late 1980s. The pictures that were shown by the National Assemblyman in question indeed appeared to show brutality and monstrosity of the Japanese colonizers who

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[205] From my interview with Elder Bai Byung Sim, currently the director of Aeyangwon (Wilson Leprosy Center) History Museum. He told me that he came to Aeyangwon as X – Ray worker in 1973. When he first came, he saw a man tied to a try and receiving lashes. The man had trespassed the women's quarters and was given choice of either leaving the leprosarium or receiving corporeal punishment. The man chose corporeal punishment and as result, was tied to the tree, 'receiving' the lashes.

[206] Sŏ, Changsŏp, "Kangje nak'tae sikin t'aea sajin konggae: kwagŏ chŏngbu ŭi Hansenin pangmyŏl chŏngch'aek hwagin toensem. Kim Ch'unjin ŭiwŏn, 'Hansenin t'ukpyŏlpŏp ppalli chejong toeya." *Ablenews*, Nov. 1st, 2006 http://www.ablenews.co.kr/News/NewsContent.aspx?CategoryCode=0013&NewsCode=11415 (Accessed, July 10th, 2012)

could carry out such cruel experiments on unborn fetuses. Certainly, it did not help that the pictures showed the poor maintenance of the preserved fetusus.

Yet, as emotionally charged as these facts can be, not many are aware that display of preserved fetus in glass jars was not only practiced by the Japanese colonial health bodies for some unknown sinister purpose. Preserving parts of human bodies, including fetusus, was also practiced in colonial Korea as well. In the 1920s and 30s, the colonial government hosted exhibitions that displayed preserved remains of human genitalia as well. Also, the display or public exhibition of preserved fetus in glass jars was popular in other countries in the 1920s and 30s, as seen at the Century of Progress World's Fair in Chicago in 1933.[207] In addition, the Museum of Science and Industry in Chicago used to exhibit the preserved fetusus as part of their exhibition for educational purpose as well. Given the popular practice of displaying preserved human fetusus worldwide, it is questionable as to whether abortion and preservation of the aborted fetusus should only be considered exclusively as practice of fascist and colonial states. Yet, given the current nationalist rhetoric and the strong Christian orientation of South Korean society at the moment, a more nuanced and complex contextualization of the sterilization and abortion of leprosy patients appears to be difficult.

Moreover, the facile moral assignation, where the Japanese colonial practice is seen as more repressive and Western missionary, in this case, Americans, less repressive or more humane, elides one to the fact that this claim of American leprosy control as being more humane and compassionate, has been part of the American colonial doctrine first proposed by colonial bureaucrats such as Heiser in the American colonization of Philippine. As cited earlier, Heiser had placed emphasis on the voluntary nature of the American leprosy control in the Philippines

[207] Sara Dubow, *Ourselves Unborn: A History of the Fetus in Modern America*. (New York: Oxford University Press, 2011),p.39.

and the American missionaries were no exception to this practice in describing their Christian leprosaria as more autonomous and happier place than the Japanese colonial leprosarium. Indeed, despite this 'difference' Oliver Avison claimed in 1917 after his two – day visit to Sorokto, the two sides could work together to come up with an united leprosarium. This representation of the American colonial leprosy control as being more humane and compassionate practice and the Japanese colonial leprosy practice as repressive, will be further explored in chapter 4. For now, what is important to note is the fact that the present day South Korean awareness of the American and Western leprosy practice as being less oppressive or more humane than the repressive Japanese colonial practice, was the historical construct borne out of American colonial discourse of 'decolonization' of Korea during the American Occupation more than the facticity itself. It is therefore, crucial that more empirical research on sensitive and controversial issues such as sterilization and abortion is conducted in order to better contextualize and nuance the instrumentations of power and repressions of colonial rule.

The same need for contextualization of 'isolation' also requires study. That Shiga was skeptical of permanent isolation or absolute segregation, as seen in his presentation at the FEATM in Tokyo in 1925, has been mentioned in the earlier part of the essay. This skepticism of the effectiveness of isolation was concern shared globally at this time. *The International Prophylaxis* clearly laid out the financial and prophylactic effectiveness of isolation. In fact, the earlier *The Progress Report* went so far as to suggest abandoning the word 'isolation' and adopting segregation to divorce the 'new' activities of the Leprosy Commission. Indeed, what is very clear in both *The Progress Report* and *International Prophylaxis* is the divergent practices that existed among the member nations. In case of Philippines, the Commission recognized the "mixed" system – use of both leprosaria as well as patient villages used by the health

administration. For Korea, A. Fletcher submitted detailed report on the trial the out – patient (discharged) dispensaries that he had been running in the outskirt of Taegu. Yet, despite the divergence, what the International Prophylaxis attempted to do was to identify certain commonalities of practices as to establish the global standard for leprosy treatment globally. That Japan, and to be more specific Shiga, played a role in the development of global eradication policies on leprosy control has been shown above in the recognition of his work by the Leprosy Commission and that of the League of Nations.[208]

For scholars such as Jung Keunsik, who sees modern health and medicine exclusively within the confines of the Japanese colonial state or empire and for Korean historians of modern medicine, whose work see the development of modern Korean medicine as intrinsically linked to that of history of Korean nation, the idea of internationalism and global health and medicine would seem to be distant matters that had little impact on the health, medicine and sanitation activities carried out during the Japanese colonial period. With Japan's withdrawal from the League of Nations in 1933 and with preoccupation of the memories of WWII, League of Nations Health Organization activities have disappeared from peoples' memory. As my difficulty with convincing the Korean scholars of health and medicine of the activities of the WHO in shaping the post – war health and sanitation activities in Korea shows, it is not too surprising that they would be even more skeptical of the role and impact of the international bodies of health and medicine during the colonial era. Yet, for the skeptics of the role and impact of international health and medicine, their assessment is based on assumption and not on empirical research conducted on the topic. J.N. MacKenzie, the director of Pusan Leprosarium made note of the

[208] "Leprosy Enquiry: Collaborations of Government of Japan." R5878 1928 – 1932. League of Nations Archive.

effect the League of Nations Health Organization in spurring the Japanese Government as follows:

> I understand that the Health Dept. of the League of Nations had caused the Japan Gov. to be ashamed of its leper problems and it is suggested that the Empress had been used to head a campaign among the rich of Japan to have a society started like the British Association for ridding the Empire of leprosy. The Home Minister is now organizing this.[209]

Clearly this report needs to be taken with a grain of salt as it was a letter addressed to the donor organization. In writing to donor organizations, the missionary often emphasized the inertia of the Japanese colonial government in contrast to the initiatives taken by the missionaries. MacKenzie, by this time, having been in Korea a little over two decades, was no exception to this strategy. Aside from his letter describing the effect the Leprosy Commission had on the Japanese government, in his successive letters, he described the loosening of the purse by both the Government General and the provincial government agencies for his work at the Pusan Leprosarium. Given this, the activities of the Leprosy Commission of League of Nations Health Organization was an important stimulant in the shaping of 'national' policies on leprosy control in colonial Korea and that of Japan in the late 1920s and 30s.

[209] James N. MacKenzie. Letter. (January 4th, 1931). Box 39 File 10. The Leprosy Mission International (London).

Hanai, the Good Japanese?

Given the international health movement to eradicate leprosy, how then to reassess and contextualize the myth of Hanai Zenkichi, who had been introduced in the beginning of the chapter as the Good Japanese? Was he indeed an exceptionally good Japanese who possessed compassion towards the interned Koreans when other Japanese directors simply failed to do so? Was he a single island of good among a sea of bad as described in *The 80 Years of Sorok* and as the legend regarding his stele supposedly tells? As heartwarming as this tale may be, the time of Hanai's rule was not as peaceful as it has been claimed. According to the records of Sorok Leprosairum, at this time, riots were taking place as the colonial government made the decision to acquire the entire island and thereby expel the original inhabitants.[210] Also, according to a Korean newspaper article in 1928, when the Provincial government announced the acquisition of the lands in the island, more than 100 people gathered in front of the Provincial Hall to protest. More than thirty were arrested and several were injured.

The 'memory' of Hanai's good will towards the patients rests on his 'encouragement' of the autonomy of patients. They were supposedly given permission for freedom of worship and autonomy to engage in cultural and educational activities. The fact that his stele is still preserved intact lends credence to the legacy of compassion and goodwill he exercised while he was at Sorok. His death also while serving his duty lends even more credence to this legend of Hanai's compassion and good will. Yet, considering the international health activities that were going on at the time of Hanai's work at Sorok, questions arise as to the intentions of the relaxed rule and autonomy at Sorok during the time of Cultural Rule. One good example of an

[210] "Taejŏng 14 nyŏn – Sohwa 9 nyŏn: Sorokto Chahye ŭiwon kwan'gyech'ŏl." CJA – 0016448. Kukka kirogwon. (Taejŏn)

international health and sanitation exchange that might have had impact on the colonial government is the Japan Interchange, the largest conference of the colonial health bureaucrats that was organized by the Health Organization of League of Nations. The Interchange was running at the same time as the 6th Biennial Congress of Far Eastern Tropical Medicine discussed above. As this was the largest gathering of colonial health and sanitation bureaucrats in Asia, the government of Japan did their utmost to showcase the achievements and improvements within Japanese public health, medicine and sanitation systems. To do this, the government in collaboration with the various agencies in colonial Korea and Manchuria arranged for a tour of the health and sanitations works being done within the Japanese empire. Various agencies within Korea were included in the schedule and among them was the scheduled stop at the Korean leprosarium.[211]

It is not known whether the attendees of the Japan Interchange made a visit to Sorokto but given Shiga's presentation at FEATM in front of high – profile colonial health bureaucrats such as Heiser, one can speculate as to the exposure of Sorokto to the international body of scientists and health workers at this time. In addition to this, the freedom of worship granted to the patients at Sorok needs to be contextualized. According to *The 80 Years History of Sorok*, the colonial government gave Japan Holiness Church permission for proselytization in 1922, but according to my examination of the *Oriental Missionary Standard*, a monthly magazine published by the Japan Holiness Church, its missionary work at Sorok began in 1926. The name of Sorok Leprosarium appears among the four leprosaria run by the Holiness Church. Brother

[211] League of Nations Health Organisation. *Health Organisation in Japan: Thirty – six Conferences given in Japan on the Occasion of the Interchange Study Tour organized for Medical Officers of Health from the Far Eastern Countries by the Health Organisation of the League of Nations, October to December 1925*. C.H. 332.

Shinsaburo Tanaka of the leprosy mission for the Holiness Church was in charge of mission work at Sorok.[212]

What is interesting here is that the Japanese colonial government gave permission to the Japan Holiness Church rather than to the nearby American Southern Presbytery Mission, with whom they had been engaged in talks earlier for permission for proselytization in the government leprosarium. Although not apparent with the Korean case, in 1927, the Japanese colonial government asked the Japan Holiness Church to begin their missionary work among the aboriginals of Taiwan.[213] The reason for the invitation was that the colonial government professed difficulties in 'pacifying' the aboriginal population and as a result asked the Japan Holiness Church to preach and 'civilize' the wild aboriginals before the official colonization can take place. The Japan Holiness Church regarded the invitation as an honour. The Japan Holiness Church is remembered as vocal critic of war and Jung and others certainly have interpreted the activities of the Japan Holiness Church in relations to Sorok Leprosarium in this light. However, it is understood that recent scholarship has begun to challenge this view and certainly the series of articles on Taiwan in *The Oriental Standard* seems to suggest close relations between colonial governments of Taiwan and Korea and the Holiness Church.

In conclusion, Hanai the Good Japanese, contrary to his portrayal within the Korean history of leprosy, should not be seen as an exception of good. What his good will in effect showed was the impact that international health and medicine such as League of Nations Health Organization had on the shaping of the 'national' policies of leprosy control during the colonial period.

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[212] *Oriental Missionary Standard*, (June, 1926).8 – 9. "A Leper Saved by Grace." *Ibid*. (August, 1927): 5.
[213] "An Evangelistic Trip to Formosa."*Ibid*. (December, 1927): 8 – 9.

Pictures attributed to preserved fetus at Sorok Leprosarium[214]





[214] ----. "<Poto> Kangje nakt'ae toen Hansenin ŭi atŭl ttal." *Ablenews*, Nov. 1st, 2006 http://www.ablenews.co.kr/News/NewsContent.aspx?CategoryCode=0013&NewsCode=11417 (Accessed, July 10th, 2012)

Dr. Norman White
League of Nations

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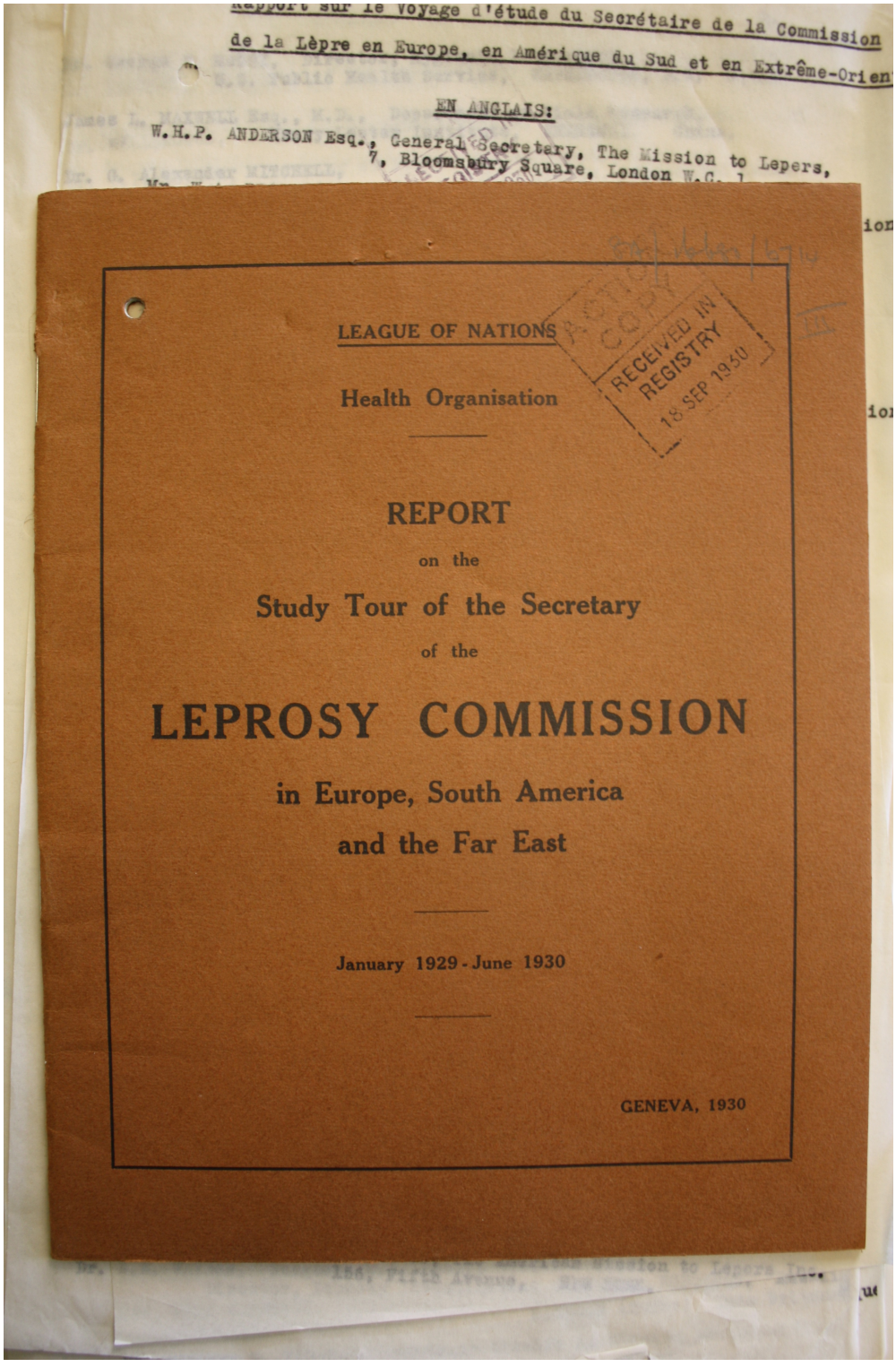
THE LEAGUE OF NATIONS

FOR

PARTY "A"

S. UCHINO

With Compliments
of Dr. Uchino
General Secretary
of the Arrangement Committee
for Inter Change.


Rapport sur le Voyage d'étude du Secrétaire de la Commission
de la Lèpre en Europe, en Amérique du Sud et en Extrême-Orien

EN ANGLAIS:

W.H.P. ANDERSON Esq., General Secretary, The Mission to Lepers,
7, Bloomsbury Square, London W.C. 1

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Health Organisation

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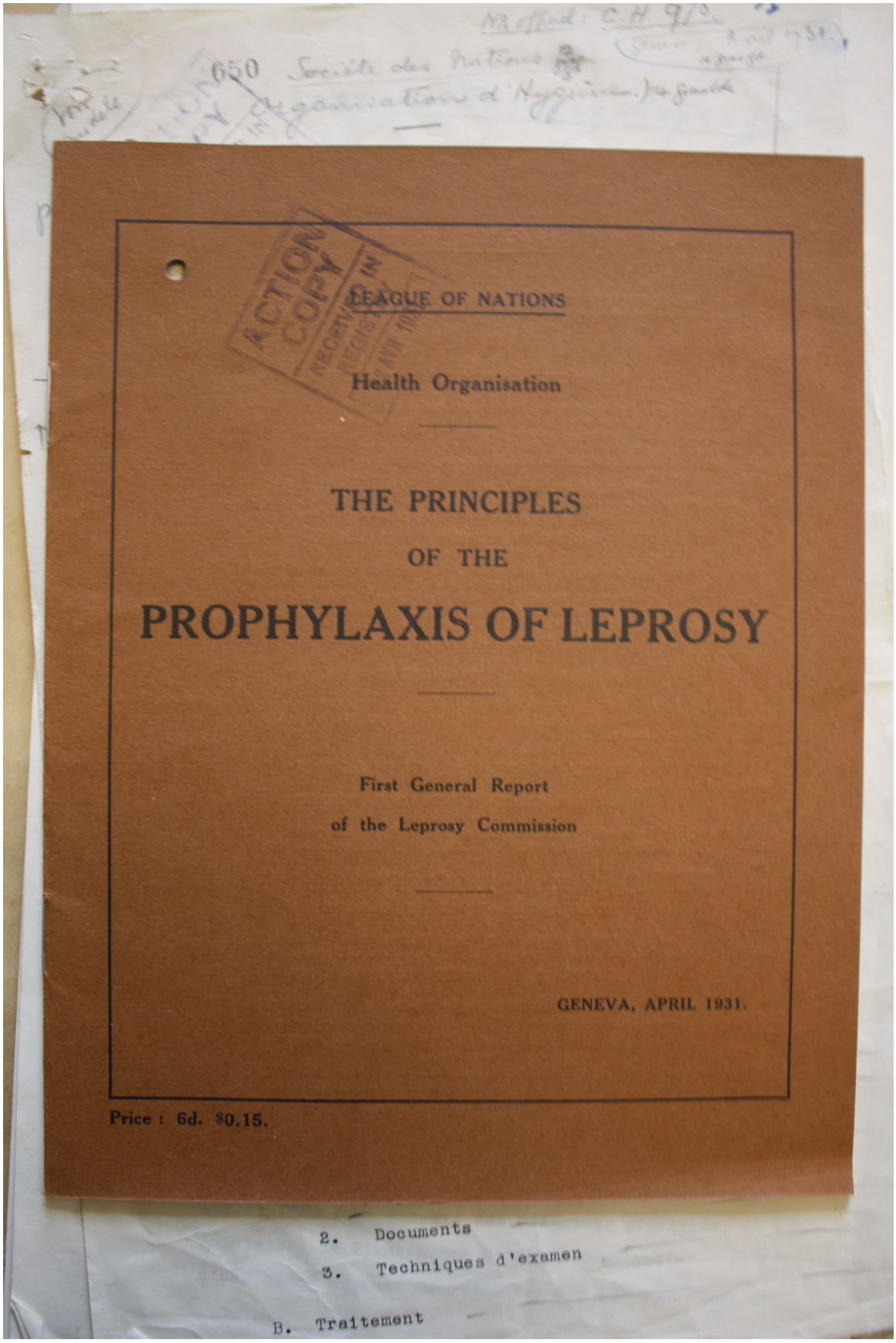
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First General Report

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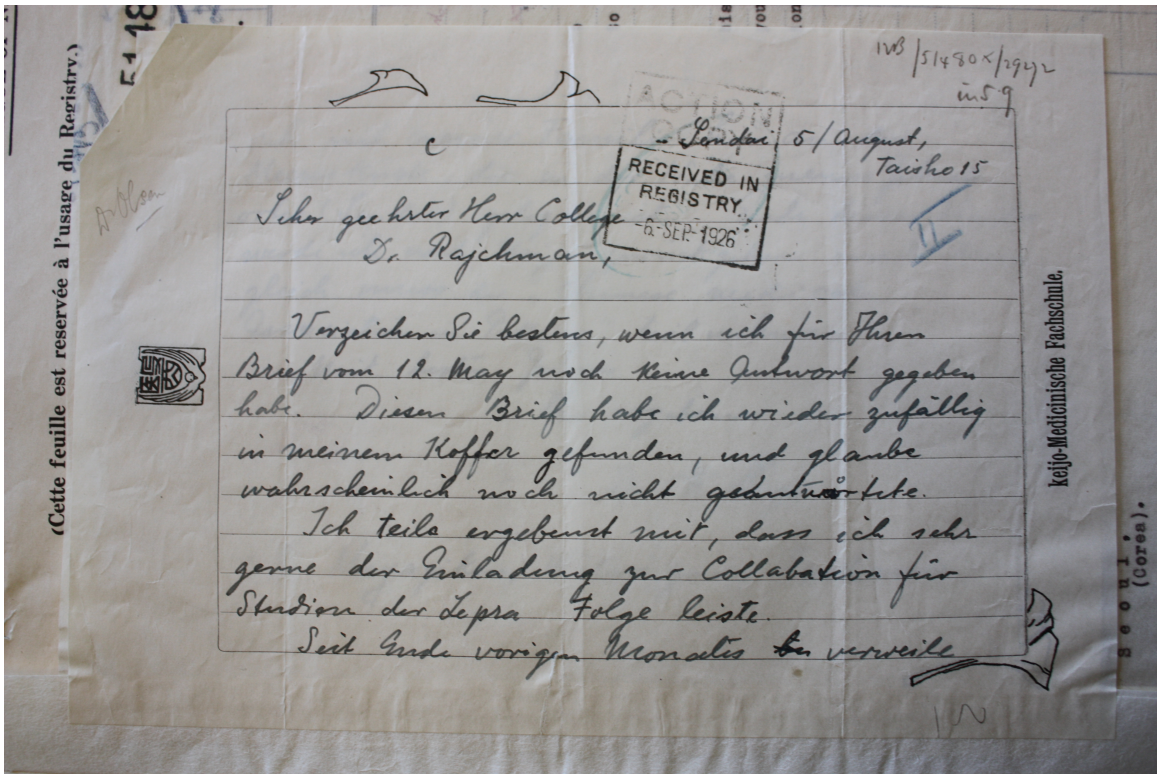
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2. Documents

3. Techniques d'examen

B. Traitement

[Letter from Kiyoshi Shiga to Ludwik Rachman, 1926]



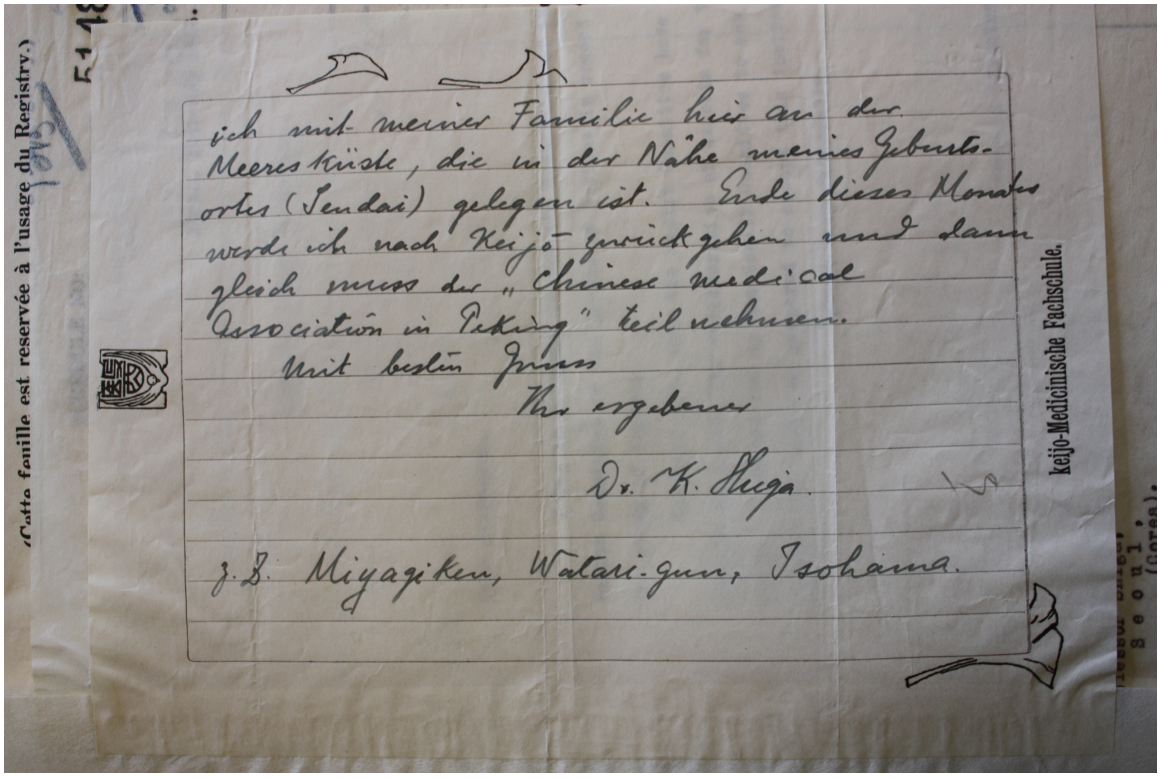
Sendai 5/August, Taisho 15

Sehr geehrter Herr College
Dr. Rajchman,

Verzeichen Sie bestens, wenn ich für Ihren Brief vom 12. May noch keine Antwort gegeben habe. Diesen Brief habe ich wieder zufällig in meinem Koffer gefunden, und glaube wahrscheinlich noch nicht geantwortet.

Ich teile ergebenst mit, dass ich sehr gerne der Einladung zur Collaboration für Studien der Lepra Folge leiste.

Seit Ende vorigen Monates ~~be~~ verweile



ich mit meiner Familie hier an der Meeresküste, die in der Nähe meines Geburtsortes (Sendai) gelegen ist. Ende dieses Monates werde ich nach Keijō zurückgehen und dann gleich muss der „Chinese medical Association in Peking" teilnehmen.

Mit besten Grüssen

Ihr ergebener

Dr. K. Shiga

z.Z. Miyagiken, Watari-gun, Isohama.

Chapter 4

Problems of 'Liberation' in the Writing of American Occupation of Korea

Leprosy literature (*na munhak* 癩文学) and 'Self – Government'

Yi Ŭnsang, also known by his pen name, Sim Sung, was one of the rare 'leprosy literature' writers of Korea (*na munhak* in Korean. *rai bungaku* in Japanese). 'Leprosy literature' was first developed by Japanese leprosy patients interned in leprosaria and has now become publicly acknowledged as a viable field of literary genre in Japan. Whereas publications of *rai bungaku* continue to flourish in Japan today, the same however, cannot be said of Korea. With exception of Yi and Han Haun (1920 – 1975), famous for his poem, "Barley flute" ("*Pori p'iri,*" 1955), 'leprosy literature' has in effect never really flourished and has more or less become extinct in Korea. In the 1960s and 1970s, with the publication of leprosy magazines such as *Vision* (Saebit), *Welfare* (Pokchi) and *Settlement* (Chŏngch'ak), there was an increased readership and patient writers contributing works to journals cited above. However, with the introduction of MDT (multiple drug therapy) in 1982 and with even more rapid closure of

leprosy settlement and resettlement villages, there are no longer readers or consumers willing to buy and read literature produced by Hansen's disease patients in Korea today.[215]

It is for such reasons of absence of readership and works on leprosy literature that Yi Ŭnsang occupies unique place as he remains the only Korean 'leprosy literature' writer to have published fictional works during colonial and post – colonial period. The short – story, *The Record of Blood Chamber* (*Hyŏllurok*), an account of a Korean man whose discovery of his illness led him to travel from Manchuria to his eventual incarceration at the missionary leprosarium in southern part of country, was serialized in the Korean periodical, *Sin Tonga* from November of 1933 to July of 1934.[216] After the liberation, in 1947, Yi serialized *The Tale of Love and Life* (*Aesaengum*) ?Is this Romanization correct? ?um? in the journal, *Sinch'ŏnji*, published by Ha Tŏkchu, a sociologist who received his Ph.D. from Harvard in 1928 and briefly served as the owner of Seoul Press, before his ouster. From June of 1946 to April of 1947, Yi serialized a story of three people, two female protagonists and a male protagonist whose lives were complicated by the contraction of leprosy. In the case of Hyŏnsu, in the novel, he was eventually segregated at the S leprosarium (meaning Sorokto) and as Kŭmsil, one of the two female protagonists of the novella, she contracts tuberculosis and dies in the arms of the male protagonist.

Originally planned as three – part fiction, The *Tale of Love and Life* was published by Chongŭm Publication with two of the three – planned sections. Afterwards, Yi did not produce

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[215] At one point, the number of leprosy settlement villages numbered near 100 throughout Korea. Today, they number less than half that as many of the younger generation have left the villages and migrated to cities. Much of the population is older generations and due to increased age, no longer are able to live and work in these settlement villages. See, Republic of Korea National Human Rights Commission, *Hansenin inkwon silt'ae chosa* (2005).

[216] Jung Keunsik, "Sahoejŏk t'aja ŭi chajŏnjŏk munhak kwa mom." *Hyŏndae munhak iron yŏn'gu* 23 (2004): 323 – 351.

any more works due to personal difficulties, some of which ultimately contributed to his death at the age of 49. He was for long time interned patient and resident of the Yŏsu Christian Leprosarium and at the time of the publication of *Tale of Love and Life*, he represented the younger generation of patients who were advocating for reform and changes at the institution. In particular, he called for the resignation of an elder who had been the de facto leader for more than three decades at this Christian leprosarium. Dissatisfied with monopoly of power by him and the toleration of these elders' dictatorial ways by the foreign missionaries, Yi and his group of reformers attempted to carry out the ouster of the status quo.

Yi's attempt to 'democratize' the conservative Christian leprosarium ultimately failed and he and other culprits were expelled from their homes, along with their families. After the expulsion, Yi first settled in Hohyewŏn, a settlement village near Naju, headed by Ch'oe Hŭngjong, discussed in Chapter 2. As Yi, who came from a wealthy landlord family near Yŏsu area, it appears Yi utilized his family's connection to the local government to obtain much needed resources and construction supplies to improve the facilities at the village, which at the time consisted nothing more than mud huts. However, Yi's 'dictatorial' ways ran contrary to many of the villagers, who came from much more humble background than Yi and his family. He was also expelled from this village and he then attempted to retake his control over the village twice with use of police force, but failed due to fierce resistance from the residents.[217] Unwelcomed at reputable leprosy establishments, Yi, became homeless and died penniless in 1960.

[217] From my interview with an Elder and his wife in Hohyewŏn. Prior to coming to Hohyewŏn, he was also a resident of Yŏsu Aeyangwŏn. As for Yi's attempt to use police force twice to retake the village, the Elder corroborated the story.

As the only leprosy fiction writer who also happen to have published works during both colonial and post – colonial period, Yi's placed is indeed unique. This is even more so, when compared to Han Haun, the poet cited in the previous page. Han, who is popularly celebrated as the sole leprosy literature writer in Korea, began to publish poems after his return from Manchuria in the post – liberation period, with a poem in the journal, *The New World*. Moreover, whereas Han's youth was marked by travels and time spent in the outside world, much of Yi's life was spent in internment inside the Yŏsu Leprosarium that afforded him with unique experiences, observations and intimate knowledge of the closed world of patient communities, much of which in fact, has not survived in records and writings to this day. Moreover, Yi was active in the efforts to advance the rights of patients from an early age. For a long time, he was in charge of the cultural and educational affairs of Yŏsu Leprosarium and carried out number of activities to improve the general education of the patients and he was also instrumental in the revival of the once defunct patient cooperative association (nahwanja sangjohoe) in the post – liberation period. The association, which had been first formed by patients in Christian leprosaria in 1923 to promote the rights of the leprosy patients, was discontinued due to number of reasons. In 1947, Yi, with other many prominent figures in the leprosy communities gathered to reestablish the organization and held its very first assembly in Taegu Christian leprosarium.

And it is within this context of Yi's activities in promoting the awareness of the cause of leprosy in Korea – publication of his fictional works and his involvement in patients' rights activities, that the leprosy control by the American Military Government has come to be viewed in positive manner. That is, whereas Japanese leprosy control had been marked by repression and coercion, which was shown by the absence of Korean leprosy literature, under the American

Occupation, it has been assumed that Korean patients enjoyed autonomy as to produce works, such as Yi's publication of *The Tale of Love and Life*. This supposition is based on the assumption of the liberation of Korea by American military forces and the introduction of democracy by the new military regime. For some, particularly by the writers of history of leprosy in Korea, America as a 'democratic' regime in and of itself is held up as proof that life for the patients were better off during this period than during the Japanese colonial period or during the Syngman Rhee period following afterwards. If not for the freedom enjoyed under the new American regime, there could not have been literary activities as launched by Yi and Han Haun, it is surmised. In other words, if not for the political democracy enjoyed under the occupation, there could have been no freedom of press or expression nor the initiatives launched by the patients is the implied conclusion.

Due to such a positive assessment of the American occupation, as mentioned above, the patient communities of Sorok Leprosarium, in particular, view the following period harshly and evaluate then director of Leprosarium, Kim Sangt'ae under equally hostile light. The patient revolt against Kim Sangt'ae in 1954 discussed in Chapter 2 and, as mentioned before, many of the grievances of then patients stemmed from the claim of his repeal of much of the autonomy enjoyed under the American Occupation period. In the brief three years, according to the glowing reminiscence by Kim Myŏnghŭi, one of the patients who was witness to many of the activities of Sorok's first self – government, the director under the U.S. military government gave the patients free reign to run their own affairs.[218] Under this director's blessing, the patients had complete autonomy to run police station, postal office, elementary and secondary

[218] Testimony of Kim Myŏnghui. In, Kuksa P'yŏnch'an Wiwŏnhoe, ed. *Hansenbyŏng, kot'ong ŭi kiŏk kwa chilbyŏng chŏngch'aek (*Kwach'ŏn: Ch'ŏnse, 2005) 83 – 105. In the transcript of the testimony, his explanation of the self – government is in much more detail.

schools and also most importantly to open the first Christian church at the island. Yet, all these activities of self – governance and self – reliance were taken away by director Kim Sangt'ae, who was appointed by the newly elected Syngman Rhee government in 1948. When he came in, he revived the much – reviled segregation practices of the Japanese colonial era and even took away rabbit – raising, which according to Kim, had been an important part of their livelihoods. This oppression, according to Kim, existed until the tension reached high point in 1954 and patients revolted against him.

The facile association between the American occupation as period of autonomy, democracy and self – realization contrasts with Kim's memory of the period afterwards under Syngman Rhee's appointee as one of repression and 'regression' back to Japanese colonial era is implied in the negative assessment of Kim Sangt'ae, the director. This is demonstrated not only in Kim Yŏnghŭi's memory of the reintroduction of the repressive measures the patients endured under the Syngman Rhee's appointee, but also in his gossip of the personal life of this director whose wife was Japanese. Kim attributes this regression in democratization and self – realization of freedom at the island in the post – American Occupation period to the 'colonial background' had by Kim Sangt'ae – a man with a Japanese wife who had worked in Sorok Leprosarium during the colonial era under Suho Masasue, the infamous Japanese director of Sorok Leprosarium who was killed by a Korean patient in 1942. This clear cut equation between American occupation as 'freedom' and 'democracy' as evinced by Kim Myŏnghŭi's witness of 'self – government' activities at the island and Yi Ŭnsang, the leprosy literature writer discussed in the beginning of the chapter is marked in contrast to 'repression' and 'regression' experienced under Kim Sangt'ae makes perhaps one of the most persuasive history of the narratives of the post – liberation period.

As the episode of history at the Sorok Island seem to offer some of the most clearly compelling history to date, no one has questioned the schemata of 'liberation' or the narrativization of this post – colonial history. In fact, Kim Myŏnghŭi's interview by Jung Keunsik has reinforced, rather than raised questions on, this schematization of post – liberation history as liberation from past 'repression' and the American occupation period, as the brief period when an experiment in democracy was possible at the island. This chapter will raise questions about this 'liberation' schemata by reading these particular 'memories' through some of the larger currents of historical movements that were carried out by and under the American occupation regime in Korea during this period. The 'memories' of Yi Ŭnsang's literary activities and the history of 'self – government' as remembered by Kim Myŏnghŭi have been accepted partly because they had not been examined or scrutinized against the factual history or empirical research on leprosy control by the American Occupation government in Korea. In effect, these highly subjective memories have produced one of the worst examples of 'ghettoized' history that can happen when subjective accounts are not vetted through evidentiary research or contextualization of the larger historical movements of the period.

All too simplistically framed within the nationalistic narrative of liberation, what such act of remembrance of this period then lose sight of is the powers be that were actually responsible for producing such 'autonomy' of the patients and 'freedom' 'enjoyed' by Korean subjects during this period. This period as the lost period of autonomy of the patients has intensified particularly, in the wake of the lawsuit of 2003 and afterwards, as this version of a history of self – realization and autonomy fits very well with the current dominant narrative of the recovery of the human rights of the patients. The current advocates for the restoration of the human rights of the patients can 'trace' the historical past and legitimacy of their actions to this lost history when

once upon a time the patients at Sorok Leprosarium supposedly had complete autonomy over their own affairs and how this precious freedom was 'lost' under repressive directors such as the much – reviled Kim Sangt'ae in 1948. And in concordance with this narrative of 'repression' and 'regression' back to colonial rule under Kim, the revolt of 1954, which many of the elder patients consider as the most import episode of history at Sorok, is then equally presented as struggle for 'democracy' against the corrupt Syngman Rhee dictatorship and of the post – liberation Korean state.

By reading this 'lost' history of democracy and freedom against the factual evidence pertaining to the American Occupation of Korea, the ultimate purpose is to highlight the susceptibility of 'memories' to dominant discursive practices of power and to raise questions in the way 'memories' have been treated by historians working with 'oral testimonies' in Korea today. As seen in the case of Jung Keunsik's interview of Kim Myŏnghŭi, 'testimonies' such as the one gave by Kim have been accepted as 'static' and 'finite' historical truth. Questions rarely have been broached as to how instruments of power have interacted and effectively shaped the subjectivities of the interviewee and produced such 'memories.' This problem of memory is most acute for the writing of Korean history today as untested and un - scrutinized 'memories' have come to stand in for written records or in another words, have been touted by the interested parties to cover up for the glaring lack of factual and empirical sources.[219] As result, when

[219] In fact, this glaring lack of 'written' documents and the use of oral testimonies to make up or even cover up for such factual lacunae was what I had heard from staff at Sorok during my interviews. One of the major concerns of the staff, particularly those who were in charge of preparing materials to be used in the Japanese courts were 'lack' of 'written' documents that could decisively 'prove' the order for sterilization and forced labour by the Japanese staff during the colonial period. They admitted, with little written evidence extant, how it was the oral testimonies given by patients that were accepted as factual evidence by Japanese court and government. In short, the criteria for financial compensation of the patients were judged based

addressing some of the more sensitive and controversial issues such as forced segregation and sterilization of patients, the physical violence against patients by civilians and even more importantly, the violence and repression within the patient communities, the highly subjective accounts of the oral testimonies tend to cloud the more complex pictures of power and the responsibilities of those who were involved. In the end, instead of producing questions that can enable the search for the more unsettled and even uglier pictures of truth, what is obtained through these 'true' testimonies as given by Korean leprosy patients today, is an overtly simplistic picture of moral condemnation where one can clearly pinpoint to 'victims' versus the guilty parties.

And it is with this aim of 'complicating' this picture that the following materials will be discussed. The records kept by Robert M. Wilson, the former director of Yŏsu Christian Leprosarium, from 1946 to 1947, when he worked as the leprosy specialist to the American military government and the letter written by Gregory Henderson, a U.S. embassy employee who later developed into a noted Korean specialist, to the Rockefeller Foundation in 1951. In November of 1945, Wilson was invited by the new Occupation government to work as leprosy advisor. Previously expelled from Korea in 1942 by the Japanese colonial government at the start of the Second World War, in January of 1946 he returned to work as a leprosy specialist for the U.S. military government. He stayed in Korea until October of 1947 and while he was in the country, he oversaw the new programs on leprosy control. This chapter will discuss some of the writings generated by Wilson during this period. And as for Henderson, what will be discussed here is the letter he wrote to the Rockefeller Foundation on behalf of Ha Tŏkchu, the publisher of Yi Ŭnsang, the leprosy literature writer discussed in the beginning of the chapter. Henderson,

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on oral testimonies and this was also the case of the recently ended trial for financial compensation of leprosy patients by the South Korean government.

who was Foreign Services Officer of the State Department, wrote a letter to discuss arrangements for Ha's entry to U.S.. By this time, Ha had become gravely ill and required proper medical attention. In this chapter, what Henderson's letter and those of others who wrote on behalf of Ha's entry to U.S. will show is Ha's close relations to the American Occupation government and how this might have affected Ha's publication of Yi Ŭnsang's leprosy literature in *The New World* in 1947. Contrary to the assumption of freedom of press as having had effect on Yi's publication, this chapter will show how it was within the interest of American military government to publish a story that fit their interests.

Robert M. Wilson and 'Self – Government' (1946 ~ 1947)

Robert Manton Wilson (1880 – 1963), as discussed in previous two chapters, had been the director of the Yŏsu Christian Leprosarium from 1908 until his expulsion by the Japanese colonial government in 1942. In November of 1945, at the request of the U.S. military government in Korea, he was invited back to Korea to work as 'leprosy adviser' to the Occupation government. His invitation came as result of the American Occupation Government's survey and identification of the major public health and sanitation issues to be tackled in Korea and 'leprosy' had been identified from early on by the incoming U.S. forces as one of the major social and health concerns to be addressed in Korea. Wilson accepted and came back to Korea on January 6th of 1946 to assume the post. The very next day, he was taken to a meeting with Archer Lerch, the military governor of Korea, to discuss the leprosy situation

in Korea. According to Wilson, he had "a long Conference with the General on the leper situation."[220] As Lerch died on the job in 1948, there is little record on him, but it appears before coming to Korea, he was stationed in Hawaii prior to his deployment to the East and while there, it is quite possible that he might have become familiar with issues of leprosy.

Although there was no further elaboration as to the content of the discussion, what was significant about the remark was the fact that his meeting came just ten days after Lerch made public his pledge to support the leprosy 'situation' in Korea.[221] Lerch had just completed his tour of the major cities and industrial complexes in the southern provinces and had been asked by reporters of his impressions. While speaking on his observation of the economic and social conditions of the cities visited, he also told of having stopped by "few leprosaria." He told of his "surprise" in learning "one out of 1000 Koreans" to be affected by the disease. Further noting the deteriorated conditions of the leprosaria and the dedication of the doctors and nurses in these places, Lerch pledged "to educate more professional doctors."[222]

After his meeting with the military governor and with the pertinent members of the Occupation Government, Wilson then headed down to South Chŏlla province and it appears he established his base of operation at Sorok National Leprosarium.

That Wilson, as former Christian missionary and director of the Yŏsu Leprosarium did not assume his former post, but that he went to the former Japanese colonial leprosarium was notable action that spoke volumes on the decades of relations that went on between Wilson's Christian leprosarium and Sorok National Leprosarium since his decline of the offer for joint management

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[220] Robert Wilson, Letter. Seoul. January, 16th, 1946. Wilson Family Collection.
[221] "Rŏch'wi, nam Chosŏn sunsi sogam palp'yo." *Seoul sinmun*. Jan. 6th, 1946. In *Charyo Taehan minguksa* I http://www.history.go.kr/url.jsp?ID=NIKH.DB-dh_001_1946_01_08_0050 (Accessed Nov. 30th, 2010)
[222] Ibid.

of the about to built colonial government leprosarium at Sorok Island in 1913. Since then, it appears Wilson always had been expressing keen interest in the development of Sorok and as discussed before, the missionaries attempted to re – engage in the dialogue with the colonial government in the 1920s for the amalgamation and joint management of all the leprosaria in Korea. These discussions came to naught and as Wilson, along with most of the American Presbyterian missionaries were expelled from the country in 1942, establishing the base at Sorok National Leprosarium in the early February of 1946, must have had special meaning for the ____? old leprologist. And when he arrived at the former Japanese colonial leprosarium, he found the place to be dominated by the former colonial staff. Critical of their domination of the leprosarium and their theft of supplies intended for the patients, Wilson sought to usher in changes and reforms at the leprosarium.[223]

One of the measures that Wilson had in mind, according to the notebook he kept at the time, was 'democracy' and 'self – government.'[224] The concept itself had not been new to Wilson. As discussed in Chapter 3, his contact with Heiser, the U.S. Public Health officer responsible for colonial leprosy control in the Philippine, had enabled similar practices at his Yŏsu Christian Leprosarium. The difference between the two however might have been whereas 'self – government' at Culion signaled the success of American colonization of Philippine, 'self – government' as supposedly practiced at Yŏsu was done under the aegis of the Presbyterian Church tradition. That is, although in theory, the leprosarium was run within the spirit of self – government and self – reliance, in actuality, the institution was governed by handful of powerful Korean church elders who were appointed by foreign missionaries to the post. The missionaries

[223] Robert M. Wilson, "EXCERPTS FROM LETTERS FROM DR.R.M.WILSON IN KOREA. LATEST DATE MARCH 2nd , '46." Wilson Family Collection.
[224] *Ibid*, Memo (untitled) No.9. Statistics and Articles. (1946 – 1947). Wilson Family Collection.

appointed Korean elders who were most likely to obey the authority of the missionaries and these appointed Elders returned the favour by running the institution under tight fist to prevent any possible revolt, as in the case of Yi Ŭnsang in 1952. Yet, despite such past, when Wilson came back to Korea as leprosy specialist to the military government, he was eager to institute these 'democratic' changes particularly at Sorok Leprosarium, as 'changes' at this institution would be most demonstrative of the decolonization taking place in Korea under the American military government. Indeed, to Wilson, the self – government being instituted in Sorok Leprosarium would transform the place from "the Jap system of rough treatment…to a more Christlike way."[225]

Moreover, the attention paid to 'self – government' and 'democratization' of leprosy control by the military government could be evinced in the support shown by Lerch, the Ameican military governor of Korea, in the telegram he sent to congratulate the election of the first 'mayor' of Sorok self – government, Kim Minok. The congratulatory telegram was placed in the May 24th edition of the *Farmers' Weekly* (Nongmin chubo), a weekly newspaper published by the Office of Public Information of the USAMGIK. The Korean language version briefly introduced the recent election that was held at the national leprosarium and the biographic information on Kim Minok, but the English 'translation' of the article left no doubt as to the significance attributed to 'self – government' at Korean leprosaria by the U.S. military government. In his own words, Lerch expressed how self – government at Sorok signaled the success of democracy under the American military rule of Korea. His celebration of success of democracy at Sorok by implication, Korea, is as follows:

[225] Robert M. Wilson, "EXCERPTS FROM LETTERS – FROM DR. R.M. WILSON IN KOREA. LATEST DATE MARCH, 2nd, '46." Wilson Family Collection.

(English 'version')

"Leper Colony's Mayor Praised by Lerch"

"A leper colony has recently been brought to my attention as an outstanding example of the development of democratic principles in Korea, announced Major General Archer L. Lerch, Military Governor.

To Mayor KIM Min Ok of the Sorok Leper Colony in Cholla Namdo, General Lerch has written a letter of congratulation which states,

"You now have a voice in your own affairs. You elect your own leaders and are taking more and more responsibility in handling your own problems. These are difficult times for all Korean people and such an example as your community should be held up before all of Korea as proof that self – government can work here. This is a great responsibility and you all carry it with honor."

With its 5,716 patients, Sorokdo is now in all its probability the largest leper colony in the world. Dr. Kim Hyung Tai, the director, instituted the policy of self – government with popular election of leaders in each of the seven villages and election of the chief mayor. The present chief mayor, KIM Min Ok, is himself a leper patient. He is a well educated man, graduate of a seminary, an outstanding personality and respected by all his people. Mr. KIM Min Ok has stated many times on behalf of his people that he is thankful for the many supplies and drugs, especially chaulmoogra oil, which have been sent from the United States. He is also thankful for the newly gained liberty in the self – government at the Sorok Colony.

Self – government has meant freedom from oppression by the large staff of 350 officials who under the Japanese ruled the colony with an iron hand. There are now only 100 officials and Dr. KIM, the director, plans to cut this number in half. Sorokdo has been changed to a liberated self – governing community of lepers.[226]

To the U.S. military government, already weary from the Second World War and seeking to exit from Korea at the earliest date, 'self – government' was one of the ways in which they sought to 'occupy' the newly conquered territories with as little cost and time involved as possible. That

[226] "Sorokto chach'ije kunchŏng changkwan ch'ingch'an." Nongmin chubo (May 24th, 1947). United States Army Forces in Korea (USAFIK) XXIV Corps, G – 2 Historical Section RG 554 Box 19. National Archives, College Park.

is, the governing of Korea was to be done until Koreans learned the basic principles in democratic governance and once they showed signs of promise, the Americans were to take this as sign for retreat from the peninsula. For this reason, the success of the first democratic election at Sorok was to be taken as indication of American tutelage in democratic governance succeeding throughout the country. Expressions such as "an outstanding example of democratic development" and "such an example…(to be) held up before all of Korea" left no doubt as to the "proof…that self – government can work" in Korea.

Like Lerch, for Wilson who came to Sorok Leprosarium, vowing for putting end to the repressive Japanese colonial practices, the first election for self – government held at Sorok in May of 1947, might have indeed seemed like vindication of the efforts he had made to change the place. This pride in the establishment of self – government in Korean leprosaria was apparent in the letter that he wrote on May 23rd of 1947, written just one day before Lerch's letter appeared in *Farmer's Weekly* (Nongmin chubo). Stating that "an election was held when one outstanding inmates was elected mayor and a City council set up for management, with the view of placing all leading positions in the hands of the patients," he then described how he was "on the way towards making Sorokdo Leper Colony into one of the 'heavens on earth.'" Some of these changes included the new medical training school that he and his son, Dr. John K. Wilson, organized to teach "forty two of the best educated men." He then concluded the letter by summarizing the health conditions of the patients Sorok and ended by asking for donations on drugs and other supplies.[227]

Kim Myŏnghŭi, the patient who witnessed to the self – government activities cited earlier, in his testimony, repeatedly emphasized how it was patients who "did it all" including,

[227] Robert M. Wilson, Letter. Sunch'ŏn. May 23rd, 1947. Wilson Family Collection.

the training and medical treatment of the patients during this time. He, like many of the patients who performed surgical procedures on other patients such as eyebrow hair transplantation on patients, bragged that they were doctors in all aspects, with the exception of official medical license. In reading his testimony of the heady days of freedom at Sorok Leprosarium from 1945 to 1948, one is likely to come under the impression that indeed, the political democracy as ushered in by the liberation from Japanese made the self – government at the leprosarium possible. Yet, as much as he was witness to the minutiae of the activities that were going on at the island, he might not have been close to the power source as to not 'remember' Wilson's presence at the island and also not be aware of the larger political forces that made the institution of 'self – government' possible in the first place. In effect, what his testimony of the leprosarium in the aftermath of the liberation shows is the susceptibility of the testimony givers to the presence of the interviewers. In this case, his emphasis on the role of the Korean director and the complete sovereignty exercised by the patients hint at attempts to provide a story that would have been palatable or acceptable to the expectations that he might have felt from the interviewer. Moreover, it is quite likely that Kim emphasized certain aspects of the self – government as to make the testimony correspond to the national narrative of liberation and decolonization of Korea during this period. That is, it seems likely that leprosy patients were equally likely to have undergone the collective experience of 'liberation' as the rest of the nation has done.

Gregory Henderson's Letter to Walter S. Rogers

Gregory Henderson was a Foreign Services Officer for the State Department and at the time of the Korean War, an attaché to the U.S. Embassy in Korea. In January 24th of 1951, he wrote a letter to Walter S. Rogers, the head of the Institute of Word Affairs, to ask for arrangements for a visit to U.S. by the noted Korean sociologist, Har Kyung Duck (Ha Kyŏngtŏk), the publisher of Yi Ŭnsang's story discussed in the beginning of the chapter.[228] The copy of the letter written by Henderson was also forwarded to Roger F. Evans, at the time the head of the Social Science Division of the Rockefeller Foundation and one of the co – authors of *The Public Health and Demography in the Far East*.[229] As visas and fellowships to U.S. were hard to come by, particularly for Koreans at this time, Henderson and other U.S. personnel who knew Ha were recruited to write on his behalf to ask for the Foundation's sponsorship. In Henderson's letter, aside from the Ha's education in U.S. and his degree from Harvard, what Henderson stressed the most was Ha's close association to the American military government as "an informed advisor to General Arnold," the successor to Archibald Lerch. In line with Ha's connection to the U.S. military government, Henderson also identified Ha's Seoul Press, of which he was the editor, as "the largest and most successful newspaper" that was also "a moderate newspaper on the conservative side as well."

[228] Gregory Henderson. Letter (Jan. 24, 1951) RG2 1951 613 Korea Box 544 Folder 3632. Rockefeller Foundation Archives.
[229] The impact of *The Public Health and Demography in the Far East* in the shaping of U.S. foreign aid and public health policies in post – war South Korea will be discussed in Chapter 5.

At the time Henderson's letter was written, Ha was in critical state and he required proper medical attention. Some writers such as Arthur Bunce, the former Canadian missionary who served as economic adviser for the U.S. military government in Korea, went so far as to propose a topic of study for Ha to engage in the U.S. to the Rockefeller Foundation as well. Bunce, a renowned Korean agriculture and economic specialist, suggested to Roger Evans, the head of Rockefeller's Social Science division that if Ha was to be granted fellowship, he could engage in the study of Confucianism and its system of ethics in relations to modern democracy and Communism. That is, according to Bunce, the Confucian teaching of "respect to superiors and obedience to their will" was "one of the reasons why China accept(ed) so glibly and easily the tenets of Communism."[230] Ha, who already had compiled studies on the subject of Confucianism, could take up this study if he were to be allowed into the United States. This proposal by the seasoned Korea specialist finally managed to produce an enthusiastic response from Evans and the Rockefeller Foundation. Whereas Henderson's letter produced a polite refusal at best, when Bunce suggested that Ha's talent and education be employed to investigate the susceptibility of the Oriental minds to Communism, the strongly anti – Communist and Red-phobic Foundation, almost instantaneously agreed to sponsor Ha's fellowship for study in the United States.

In the end, despite efforts by Henderson, Bunce and Robert Kinney, who was in charge of the Korea Division at the Economic Cooperation Administration (ECA) in Washington, this attempt to rescue Ha came to naught. He died in Tokyo in May of 1951, due to complications rising from malnutrition and illness contracted while under Communist occupation of Seoul. For the various U.S. personnel in Korea, his death was considered a great loss, as Ha was one of

[230] Arthur Bunce, Letter. (April. 3, 1951) RG2 1951 613 Korea Box 544 Folder 3632. Rockefeller Foundation Archives.

the very few Koreans to have received a graduate degree from U.S. How highly they regarded Ha could be also evinced by the fact that when Ha became gravely ill, he was transported for proper medical treatment in Japan. At a time when most Korean civilians went by without even the minimum of medical care, Ha's treatment in Tokyo spoke volumes on the proximity and privilege that Ha enjoyed as former adviser to General Arnold and to the U.S. military government in Korea. Given such close relations that existed between Ha and various U.S. officials in Korea, what this then suggests is that Ha's publication of Yi Ŭnsang's story in 1947 rose less as result of political freedom enjoyed by Koreans after the liberation in 1945 and more as result of Ha's interest in promoting the agenda of the U.S. military government in Korea. In other words, contrary to the standing assumption held by many in the leprosy communities to this day, Yi's story was published in Ha's journal, *The New World* to showcase the leprosy control as conducted by the American occupation regime.

Indeed, this interest in the promotion of the agenda of the American military government in Korea then helps to explain why *The New World* devoted a significant amount of attention to the leprosy situation in Korea. Aside from the serialization of Yi's story, *The New World* was one of the first journals to produce report on the life at Sorok Leprosarium after the liberation. Moreover, *Seoul Newspaper*, of which Ha was the editor, also routinely reported on the leprosy situation in Korea, including a report on Lerch's pledge for the support on leprosy cited in Wilson's meeting with the military governor mentioned earlier. In fact, more than any other newspaper at the time, *Seoul Newspaper* devoted attention to the situation on leprosy control. This could be seen in the interview they conducted with the Director of Preventive Medicine for the Ministry of Public Health and Welfare in 1946 to address the problems of lepers found

wandering the streets of Seoul.[231] Also, the newspaper even went so far as to interview the vagrant young leprosy patients living near the U.S. military base to raise public awareness of the leprosy problem in Korea. Seoul Newspaper's coverage on leprosy did not mean the other Korean newspapers lagged behind reportage on the issue and yet, more than other newspapers, Ha's Seoul Newspaper, devoted much significant coverage on the issue.

Conversely, given Ha's close relations to the American Occupation Government and his attention paid to the issue of leprosy in his periodicals, particularly as seen in his publication of Yi's story in *The New World*, what this also then calls for is revision ofthe popular assumption of the frequent sighting of leprosy patients seen in public places during this period. Many of the Korean newspapers cited the appearance of lepers on the streets of cities and most attributed this to the vacuum in leprosy control created by the exit of colonial apparatus and the escape of leprosy patients from Sorok Leprosarium in the immediate aftermath of the liberation. However, as Ha's close relations to the U.S. military government prove, it is just as possible to think that the appearance of leprosy patients in public reflected the eagerness of the Korean newspapers to curry favour with the Occupation regime by covering issues that were on the agenda of the newly incoming government. After all, like the Japanese colonial period, the censorship of the press did continue into the American ccupation period Source for this? and it is quite likely that newspapers reported on the issues that were pertinent to the government more than the actuality of the situation itself.

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[231] "Pogŏn husaeng tanggukcha, nahwanja tŭl ŭi kadu panghwang e taehan ŭigyŏn kaejin." *Seoul sinmun* (May 3rd, 1946). In *Charyo Taehan minguksa* I http://www.history.go.kr/url.jsp?ID=NIKH.DB-dh_002_1946_05_03_0090 (Accessed, Nov.30th, 2010)

Leprosy and the Occupation of East Asia

This larger historical contextualization of leprosy control during the American military government becomes easier to understand when seen in the light of the literature produced by the U.S. military and civil assistance agencies that were in charge of preparation for the occupation of Japan, Korea and East Asia before 1945. The one source that provide clue to the occupation plans for East Asia and the inclusion of leprosy control as part of the public health and sanitation plans intended for the region can be seen in the *Civil Affairs Handbook* prepared by the U.S. Army Service Forces. The handbook was prepared by the U.S. military for use by personnel who were to be in charge of the civilian affairs in the about to be occupied territories. As Japan was one of the most important territories in East Asia, the *Civil Affairs Handbook* for Japan totaled eighteen sections covering everything from geographical and social background for Section 1 to the Japanese administration for the occupied areas of Burma, Malaya, Philippine and Thailand for Section 18 – A. Section 13 dealt with public health and sanitation in Japan and leprosy control was included in the discussions on the subject of overall health and sanitation in Japan. Although the examination of the status of leprosy control in Japan was too brief, it nonetheless cited the major leprosaria and the laws on segregation for leprosy control that had been existent in Japan.[232]

Like Japan, a Civil Affairs Handbook series was planned for Korea as well. Seventeen sections were supposed to have been intended and yet it appears none of the sections seem to

[232] Civil Affairs Handbook – Japan. RG 319 Records of the Army Staff Publications "P" files. National Archive, College Park.

have survived with the exception of Section 7 on agriculture. Search among various research institutions around the world, including the U.S. National Archives system only yields Section 7. What might possibly have transpired was that despite the intended plan for seventeen series, only Section 7 on agriculture was published first and the rest aborted or never came to fruition as occupation of Korea was decided at the last moment. Moreover, as information on Korea was not widely available, health and sanitation even more so, the Civil Affairs Handbook for Japan could have been used as stand – in for the Korea series. This could partly be corroborated by the fact that the War Department's *Medical and Sanitary Conditions in Korea* was published in December of 1945.[233] According to the manuscript prepared for the public health and welfare chapter of the History of American Military Government in Korea, from September to November of 1945, the health and welfare section of the American military government – from the central government bureau to health and welfare sections of provincial military governments carried out surveys and interviews in order to generate total statistics on the health, medical and sanitary conditions in Korea. With the compiled data, it was finally published as the book mentioned above.

The data and statistics in and itself do not immediately tell of the interest in leprosy by the American military government, but when put together with written report, clearer picture of the leprosy control activities of the American military government emerges. In one daily ground activities report, the government was informed of 2000 patients found in South Kyŏngsang province and the need for the construction of "a leper colony" on an island near Pusan to

[233] U.S. War Department. *Medical and Sanitary Conditions in Korea* (Dec. 1945) RG 389 Entry 441A Dec. Correspondence Class. File. National Archive, College Park.

segregate them.[234] Also, the Occupation Government in Kyŏnggi province also reported the "gather(ing of)" the patients and sending them to Sorok Leprosarium "with 3 month of food supplies."[235] In yet another example, the G – 2 Periodic Report filed on the 16th of July, 1946, the civil police near Kwangju arrested a patient on charges of eating the liver of a 9 year old boy.[236] It later turned out that the boy had been stabbed to death in another location and yet, the patient suspected of the crime was nonetheless arrested on the charge.

However, one of the most telling example of the discussions on leprosy within the American military government in Korea was the public health report filed in June 4th of 1946, indicating "plans to increase capacity of Sorokdo Leper Colony to 8,000 – 9,000 will make it the world's largest leprosarium."[237] This plan to transform Sorok Leprosarium into "the world's largest" corresponds to the letter written by Wilson on August 25th of 1946, to express his support for the ongoing discussions on the amalgamation of three leprosaria in the Chŏlla provinces into one. Titled, "Combining Takase Farm, Yosu and Sorokdo Colonies," in this letter, Wilson voiced his consensus for the amalgamation of Yosu and Sorok Island but rejected the incorporation of the Takase Farm on grounds of practicality.[238]

Shortly afterwards, this initial letter was developed into a draft for "Proposal for Union (of) Sorokdo and Yosu Colonies." The plan never came to fruition due mostly to budgetary reasons, but it nonetheless, demonstrates the interest and the very familiarity of the U.S.

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[234] *Ibid.*
[235] "SUBJECT: History of Public Health and Welfare Department, Kyŏnggi – Do. May 28th 1946." File #4 Box 19. USAFIK XXIV Corps, G – 2, Historical Section. RG 554. National Archive, College Park MD.
[236] "G – 2 Periodic Report, No.271. HQ, 6th INF.DIV. July 16th, 1946." File #4 Box 19. RG 554. National Archive, College Park, MD.
[237] "Memorandum HQ USAMGIK – 4 June 1946 SUBJECT: Public Health Activities in Korea, September, 1945 – May 1946." File #4: RG 554. National Archive, College Park, MD.
[238] Robert M. Wilson, "Subject: Combining Takase Farm, Yosu and Sorokdo Colonies." Aug. 25th, 1946 *Statistics and Articles.* No. 21. (1946 – 1947). Wilson Family Collection.

occupation government in Korea, with the American colonial discourse on leprosy in the Philippines. As discussed in Chapter 3, Victor Heiser, the principal chief of public health programs in colonial Philippine, advertised Culion, as 'the world's largest leper colony' to celebrate the first ten year rule of American colonization of Philippine as a success. The similar move by the American military government in Korea to unite the leprosaria leaves no doubt as to the familiarity of such colonial discourse to those who were involved in designing leprosy control in Korea.

Yet, the most disturbing fact and one that shows all too well, not only the contradiction but also the very problem of 'liberation' in the writing of the American occupation of Korea as a narrative of decolonization and actualization of democracy, is the report submitted by the Japanese chief of medical affairs bureau for the Ministry of Health and Welfare to Albert P. Knight, the chief of public health branch of the Public Health and Welfare division of U.S. Public Health Services in Japan.[239] Called "Present Conditions and Counter – measures of Korean Lepers in Japan," in the report the director cited the high rate of crimes committed by Korean leprosy patients in Japanese leprosaria and asked for the expulsion of the Korean leprosy patients and their return to Korea. Moreover, as Korean leprosy patients suffer from symptoms that were "tuberous" and more "communicable" than the Japanese patients, the chief of medical affairs hinted at the danger posed on social and medical conditions of Japanese nation – state and reiterated the need for expediency in the matter of ridding Japanese leprosaria of Korean national patients.

The report is undated but as there are references to 1950, it appears to be written shortly after the breakout of the Korean War. Although no further explanations other than high

[239] "Present Conditions and Counter – measures of Korean Lepers in Japan." RG331 UD1863-9437 (17) National Archive, College Park.

criminality of ethnic Korean patients were given, it appears the Japanese chief of medical affairs was scapegoating the Korean leprosy patients in Japan to pacify the restless leprosaria throughout the country. By the mid – 1950s, leprosy patients in Japan began to actively protest against many of the compulsory measures of leprosy control in Japan. Despite their vocal demands and massive resistance against the state, the law established in 1931 was not abolished or even revised, but remained in place until 1996. At this time, the Japanese chief of medical affairs bureau could have been attempting to direct the discontent of the Japanese patients away from the state by pinpointing to Korean patients as the source of social and health problems in Japan. Also, this scapegoating of Korean leprosy patients corresponds to overall scapegoating and criminalizing of Zainichi Koreans that were going in Japan, particularly during this period. In the end, what this request for the expulsion of Korean patients from the Japanese leprosaria show is the very mendacity of 'liberation' as claimed by the American military governments of Korea and Japan in their occupation of the region.

Chapter 5

Leprosy Control as Cold War Mission: Preventive Health and Preventing Communism in Post – War Korea

"The Far East is rich only in people."[240]

By the time the two Koreas signed the Armistice and the three years war was temporarily halted on July 25th of 1953, over three million Koreans had died along with over 30,000 Americans. To this date, the Korean War remains the fifth highest in terms of casualties produced by the American military, after the two World Wars, the Civil War and the Vietnam War. And as the first hot war of the Cold War era, this war fundamentally altered the landscape and dynamics of the two Korean societies. With the devastation wreaked everywhere, the two Korean states engaged in recovery and reconstruction efforts in all aspects of Korean society and as result, much of what can now be considered as core features of Korean society and state derived from the heavy reconstruction and recovery projects that were being carried out in the aftermath of the Korean War during the 1950s and into the 1960s.

In the realm of public health, sanitation and medicine, reconstruction involved the overhaul of the infrastructure much damaged by the war so as to re – articulate and account for the provision of basic health and services to reach as much of the population as possible. As the recently ended war was understood to have been caused by North Korean Communist

[240]Frank Notestein, Marshall Balfour et. al. *The Rockefeller Foundation Reconnaissance in Public Health and Demography in the Far East*. (Nov.1949),p.5.

instigation, the experts who were given the task of drafting the reconstruction plan for health and sanitation in South Korea saw that basic needs of the ravaged population had to be met in order to keep the population 'content' lest they become unhappy as to think of rebellions and uprisings. Such, they believed had been the case with the Yŏsun Uprising of 1948 and the three year war had been the ultimate affirmation of the belief these experts had held for some time that population discontent in trouble zones such as Korea and Southeast Asia indeed led to Communist insurrections. Therefore, the benefits of public health and sanitation had to reach as many of the potentially troublesome population as possible in order to 'prevent' Communist uprisings.

This chapter will discuss leprosy control as part of preventive health and medicine programs instituted by the World Health Organization (WHO) and the United Nations Korea Relief Agency (UNKRA) in 1953, to show how the very preventive characteristics of the South Korean public health and sanitation system 'reconstructed' in the aftermath of the war had been designed to prevent further fomentation of communist uprising in the newly decolonizing East Asia. The leprosy control was part of the plan commissioned by the United Nations, published in 1953 called, *The Report the WHO/UNKRA Health Planning Mission in Korea*.[241] The plan was originally financed by the America – Korea Foundation, a pro – ROK lobbying group based in New York, headed by Howard Rusk, renowned surgeon of rehabilitative medicine and included illustrious members such as Milton Eisenhower, the brother of Eisenhower, Nelson Rockefeller, future vice president under Nixon and Harry Cohen of Columbia pictures. As a lobbying group with strong anti – Communist orientation, the Foundation sought to publicize aid to South Korea as part of promotion of freedom, democracy and humanitarianism around the

[241] WHO – UNKRA, *The Report of the WHO/UNKRA Health Planning Mission in Korea*. (1952).

world. This organization was also instrumental in arranging for Syngman Rhee's visit to U.S. in 1954 and introducing him to the general American public as the freedom fighter and defender of democracy in Asia. And it was within this line of thought that the organization sought to raise public awareness on aid giving to Korea as part of building stalwart defense against the evils of communism around the world.

Indeed, for this strongly anti – communist lobbying organization, the overwhelming threat of communism or the possible American defeat to Soviet Union was what instigated the commission of the plan. The plan came at a time when U.S. faced potential diplomatic and publicity disaster following the accusations launched by the Chinese and North Korean government on the possible use of biological warfare against their civilians during the winter of 1951. From winter of 1951 to early spring of 1952, a massive epidemic had broken out in northern regions of the two countries and the two governments came to the conclusion that the epidemic and ensuing heavy civilian deaths was the work of the United States and its use of biological warfare against the innocent civilians. Following this, the Chinese Communist Party and DPRK issued a joint statement condemning the use of deadly germ warfare by the American imperialists and asked for international intervention and investigation into this crime against humanity. The Soviet Union also released a press statement supporting the claims of the two governments.

Faced with charges of crimes none other than the use of biological warfare, which had been outlawed under the Geneva Convention, the United States at first attempted to refute the charges through the International Red Cross and then through United Nations channels. At the UN, the World Health Organization, headed by Brock Chisholm, the former Deputy Minister of Health and Welfare of Canada, publicly dismissed the charges as groundless and pointed to lack

of technological advances in the West as to make such deadly germ bombs. However, these actions only fueled further suspicions as to a possible cover – up by the U.S. and also the WHO "as a specialized agency of the United Nations" and concordantly, the United Nations functioned as the mouthpiece of the American view. Convinced of the UN loss of neutrality and of scientific objectivity, the Chinese and North Korean governments refused the UN fact – finding mission and instead announced the formation of an independent scientific committee to inquire into the matter. The committee was called *The International Scientific Commission for the Facts concerning Bacterial Warfare in Korea and China* (ISC), and was headed by Joseph Needham, respected British biochemist and a longtime Sinologist. Commissioned by the World Peace Council, based in Oslo, Norway, the ISC was sent to China and North Korea in mid – June of 1952 and stayed until August of the same year to conduct investigation.[242]

And just a month after the ICS arrived in China, in July of 1952, the World Health Organization, under commission from the United Nations Korea Relief Agency (UNKRA) announced the formation and dispatch of a three – member team to survey and draft a plan for the reconstruction of public health and sanitation in South Korea. Headed by George Macdonald, professor of pathology at London School of Tropical Medicine and Hygiene and short – term malaria consultant for the WHO, the team arrived in South Korea in early August and stayed until October 11th of the same year to gather data and conduct meetings with various health experts in the country. The initial draft of the report was completed in London in November of the same year and was given the initial reading at the 6th World Congress of the WHO, held in Minnesota in December of the same year. Shortly afterwards, the WHO head quarter in Geneva and UN headquarter in New York mounted publicity campaign to release and

[242] *Report of the International Scientific Commission for the Facts concerning Bacterial Warfare in Korea and China*. (1952).

introduce the plan to the press in the spring of 1953. Called *The Health Reconstruction Plan of Korea*, the report became the blue print for the South Korean public health and sanitation policy implementations in the aftermath of the Korean War.[243]

Totaling in 105 pages, the report was intended as broad stroked five – year long and short termed – plans for the South Korean government to recover and improve the public health and sanitation infrastructures that had been damaged by the war. Divided into seven sections, the sections were organized into the according categories – organization and administration of public health services, public health dispensary, statistics and reports, public health activities, medical care, education in medicine and allied subjects and supply and finance. As this was intended as an overall guideline for recovery of the total system, the report first outlined the reform of the organizational structure ("organization and administration") and institutions ("public health dispensaries") and then identified the conditions extant ("statistics and reports" and "public health activities") and then training of medical experts and professionals ("medical care" and "education in medicine and allied subjects"). The financial feasibility of this plan was then concluded under the heading of "supply and finance." In short, this report outlined the basic minimum necessary to keep the South Korean public health and sanitation system afloat, but no more.

That this report was intended to refurbish the marginal minimum of health infrastructure and was in no ways calling for radical reappraisal or complete overhaul of the old for the new system was made explicit from the objective stated in the beginning of the report. In the statement, the writers cautioned that "this definition" of 'reconstruction' as understood by the writers and possibly by the potential aid givers to South Korea "(did not) refer to replacement of

[243] *The Report of the WHO/UNKRA Health Planning Mission in Korea* 2. RG 59 UD-07D 78 National Archive, College Park.

previous structures, materials and staff though such replacement is necessary part of reconstruction."[244] By emphasizing the improvement of the existing structure, what these writers of the report was at pains to make clear and also 'distinguish' was that reconstruction in South Korea was not to be as revolutionary in nature such as the ones that were being carried out in North Korea and China at the moment. In contrast to these two nations where successful takeover by the communist revolutionary governments were enabling, at least on paper, radical reappraisal and complete overhaul of the health and sanitation system, such was not to be the case for free and democratic South Korea.

What 'reconstruction' was, in effect, was to be the most affordable or the least financially taxing aid for the United States and other potential donors to South Korea. Expressions such as "consonant with the ability of the Korean Government" and "with no more than normal international aid" showed just how much the South Korean government was to expect from the Western world. The public health improvement was to be "appropriate to local circumstances" but not as equal to that of the West and certainly not to exceed the budget allowed by the U.S. aid programs. With as minimum of expenditure possible, the United States was to improve the overall health of the South Korean populace "in a form which is appropriate to local circumstances and tradition and is acceptable to the Korean Government and people" and thereby secure peace in East Asia.

This thinking of provision of the most basic minimum, to keep the population in check and more importantly, not instigate any troubles or more specifically, communist rebellions was in tandem with the foreign aid policy adopted by the United States in early 1950. In the spring of the same year, the State Department announced the hiring of Marshall Balfour, the demographer

[244] *Ibid* 7

working for the Rockefeller Foundation and long time resident of China and India as the short – term consultant for developing foreign aid policies of the department. Earlier, the Rockefeller Foundation released a report titled, *The Demography and Public Health in the Far East*, based on their two months survey and findings on the conditions of population and public health in the Far East.[245] The four members of the team who conducted the survey were, Marshall Balfour, the demographer mentioned above and Roger Evans, the assistant director of Social Science division of the Rockefeller Foundation, Frank Notestein and Irenen Taeuber of the Office of Population Research (OPR) at Princeton University. In the case of Notestein, he was instrumental in founding both the OPR and later the Population Council in 1952. From 1946 to 1948, he also headed the Population Division of the United Nations.

The report was a dense tabulation of the current state of the economic and social conditions and problems of the six selected countries – Japan, Taiwan, Korea, China, Indonesia and Philippine. As to why these countries were selected for study, the authors did not specify. However, given the order in which the countries were listed, with Japan, the newly conquered state first and Philippine, the former colony of U.S. last, authors appeared to have selected countries based on their proximities or inclusion within American sphere of influence. The selection of Japan first was clear indication of the importance of Japan to the overall U.S. security in East Asia and the citation of Philippine as the last, seemed to show the overt familiarity and the continued status of the Philippines as America's Orient in Asia. And as for the countries in between, the studies of Taiwan and Korea were done because of their former colonial relations to Japan. Yet, for China, a country in which the Rockefeller Foundation had invested so heavily for such a long time, by the fall of 1948 when these demographers carried out

[245] The Rockefeller Foundation, *The Demography and Public Health in the Far East*. (1950). RG469 Entry 411 Box 21. National Archives, College Park.

their investigation, they came to the conclusion of the imminent victory of the Chinese Communist Party and the inevitable fall of the Chiang Kai-shek's Nationalist Government.

Indeed, this forecast of the sweeping Communist victory in China is what prompted the Rockefeller Foundation to commission this "review of the problems of human welfare in the Far East" in the first place. Although in the foreword, Chester Barnard, at the time the president of the Foundation, emphasized how the Foundation routinely commissioned such studies such as *The Demography and Public Health in the Far East* "in the ordinary course of its work," to satisfy "(the) needs (for) information on present development or future prospects in certain subjects or areas of Foundation interest," there was indeed nothing so "ordinary" about this report, which in case of Korea, came just four months after the April 3rd Uprising on Cheju Island and just on the heels of the founding of the Republic of Korea and the official exit of the U.S. forces from Korea on August, 15th, of 1948.[246] What is more, Irene Taeuber, one of the four members of the team, visited Korea just ten days before the Yŏsun Uprising took place. When the uprising broke out, it was reported as Communist insurrection in Korea and the brutal crackdown by the Syngman Rhee police forces was reported as successful stemming of the communist insurrection. Given such reporting and already widespread possessed with the view of Asia as potential hotbed of social turbulence and communist take – over, the three months visits to the region could only have been taken as affirmation of the belief that indeed, that the dreadful Red disease was spreading all over Asia.

And not surprisingly, the conclusion reached by the survey team was that indeed Asia had troubling social and population factors that could to lead to communist rebellions. Although nowhere mentioned in the report, the clue for reading the implied message of the potential

[246] *Ibid*.,foreword.

communist uprising lay in the finding of the rapid population overgrowth facing the selected six countries. Despite the different geographic, topographic, population, economic and social makeup of each given country, according to the writers, all these nations uniformly faced immanent 'explosion' of population that could critically damage the already fragile economy and produce social 'discontent' that could all too easily develop into full blown political crisis. As they had attributed the sweeping victory of the Chinese Communist Party in China to the corruption of Chiang Kai – shek's Nationalist Party and the widespread poverty of the civilian populace, the writers assumed the same must hold for the all other Asian nations of the region. After all, as all Asians looked alike, they could just possibly all think alike as well.

The prophesy of the coming doom found its most enthusiastic audience in the State Department, which at the time, was in critical need of new theoretical paradigm for understanding Asia. The European theatre, they understood well enough, as they shared historical affinities and over which they had been preparing meticulously since Dunkirk to become the new ruler, but with Asia, they were left grappling as to how to 'explain' the appeal of Communism in Asia. The Russian case of 1917, they came to reconcile as the collapse of corrupt monarchy. This was in line with the historical context of American Revolution, but regarding China and the rest of Asia, they were left puzzled as to how, despite liberation of the region by the Americans from the oppressive Japanese imperialists, the ungrateful Asians could spurn liberal democracy and turn towards communism. That the American military personnel in Korea had grossly underestimated the appeal of nationalism and the urgency of decolonization has been pointed by scholars such as Bruce Cumings in his seminal book, *The Origin of the Korean War*. However, what has been insufficiently studied thus far is how experts on Asia, such as Balfour or Evans, of the Rockefeller Foundation in general, could have entirely 'missed'

the appeal of the twin forces of nationalism and decolonization in the region. Or is there other way of posing this question of the underestimation or oversight of nationalism by U.S. experts on Asia at this time?

When *The Demography and Public Health in the Far East* was released in the early spring of 1950, it was rapidly circulated within the State Department and an internal memo was released strongly recommending the adoption of the report to further propound policies on foreign aid to Asia.[247] As the report so clearly laid out the reasons for the appeal of communism in the region they knew little about, the State Department could now take concrete actions to 'prevent' the potential communist uprisings from materializing in reality. To do this, they requested a short – term loan of Marshall Balfour from the Rockefeller Foundation to aid in the propounding of aid policies intended to improve the quality of living for the unhappy and the restless population of Asia. Moreover, John Grant, formerly professor of hygiene at PUMC (Peking Union Medical College) and officer of IHB (International Health Board), who accompanied Heiser in the Foundation's negotiation for the founding the School of Public Health at Tokyo Imperial University in 1924, joined the State Department as the Southeast Asian expert.

Indeed, the outbreak of the Korean War shortly after the circulation of the memorandum, in fact, could only confirm the validity of *The Demography and Public Health* for predicting social discontent leading to Communist insurrection and the start of another world war in the region. The rapid Communist advancement into southern regions of Korean peninsula in the early phase of the Korean War could have only heightened the fear of the coming apocalypse the State Department thought they may have glimpsed in the forecast provided by the Rockefeller experts. And sure enough, in the introduction to the report, after two months of investigation

[247] "Memorandum." RG469 Entry 411 Box 21. National Archives, College Park

since their arrival in the country on August 8th of 1952, the WHO/UNKRA mission found as for " (the) conditions in Korea," was that "for an almost entirely agricultural country Korea was (is) … very densely peopled and must at all times have difficulty in being self – sufficient." Moreover, "the population was (is)… increasing" and even more alarming, the team warned, that "there was (is) no reason to expect this rate of increase," meaning the population growth, "to lessen" in the foreseeable future. Faithful to the principle of aid as first laid out in *The Demography and Public Health*, this team of experts from London School of Tropical Hygiene and Medicine, were not deviating in their perceived outlook of the rise of population in the war – torn Korea.

With the policy guideline of providing aid in health and sanitation to douse social discontent and 'prevent' hot wars already set, as for 'reconstruction' of South Korea, the WHO, the United Nations and the United States could not have been in the lookout for anything 'new.' That is, according to this team, which had been 'briefed' by Brock Chisholm, the head of WHO cited earlier in the germ warfare dispute, 'reconstruction' in South Korea was not to be a radical displacement of the older system and ushering in of the new, but that of restoration of the existing structure implemented with as little financial burden to the United States and to the Western world as much as possible. It was for such reasons the report was at pains to specify in the beginning statement that 'reconstruction' "(did not) refer to replacement of previous structures, materials and staff." Yet, they knew, the South Korean recovery from the war did in fact, require almost total overhaul of the old and the construction of the new and it was for this reason they hastened to add after the first cautionary sentence that "though such replacement (was) necessary part of reconstruction." With North Korea already undergoing radical

reconstruction efforts in all areas of state – societal infrastructure, the writers of the 1952 report were fully aware that their 'reconstruction' of South Korea paled in comparison.

And discussion of leprosy, within the report, could only take place within such context of reconstruction plan that was not in anyways striking for radical displacement of previous structures. Indeed, prior to the discussions on leprosy and other "diseases of major social importance," the writers devoted attention first to "short – term" plans to supply of nutrition, prevention of epidemics outbreaks, improvement of general sanitation and medical training necessary to carry out such efforts: The basic immediate actions needed in order to keep the population in check. With the short – term goals met, the recovery plan was then to be directed to "long – term" range goals to be carried out in the five years period specified in the report. In Chapter 1 of the Part II of the report, the overhaul of the organizations and structures was discussed at length and the recommendations pointed towards modest improvement of the current structure and better allocation and cooperation of governmental and private organizations to provide maximum service within limited resources as possible. In short, unlike the North Korean revitalization of public health and sanitation, where the state was the primary agent (or in some cases, the only actor) to lead the change, in case of South Korea, according to the plan as laid out by the writers, was to be a mixed – system of cooperation between the state and private agencies.

Indeed, this granting of limited agency to the state would be the hallmark of the South Korean public health system until the implementation of national health insurance in 1977.[248] And even then, the discussion of the national health insurance was never posed as expansion of state power and responsibilities, but more as expansion of the categories of recipients of national

[248] Joseph Wong, *Health Democracies – Welfare Politics in Taiwan and South Korea* (Ithaca: Cornell University Press, 2004) 46.

health insurance coverage from war veterans to urban factory workers. Moreover, as seen in the recent disputes between the South Korean doctors and pharmacists as well as even more recent discussions on the importation of for – profit hospitals under the Free Trade Agreement (FTA) with the United States, the South Korean health and medical system has always assumed limited capacities and powers by the state. This also meant that the cost of healthcare and medicine was to be assumed not just by the state alone, but to be 'shared' with non – state organizations and more specifically, by the individuals. This picture of limited power and cost to be borne by the South Korean state was in stark contrast to the North Korean healthcare and medicine system, which by 1949, was already fully nationalized. According to Hong Sunwon in his *Choson pogŏnsa* (*The History of Public Health in Kore*a), the North Korean state reached the decision to nationalize the medical system "despite extreme difficulties" and expanded the program in incremental steps so that by 1952, this became instituted as the national system.

The writers of the 1952 WHO / UNKRA report appears to have been aware of this issue and seemed to have assiduously avoided the issue of nationalization of healthcare and its cost in their plan as much as possible. This could be seen in the fact that their discussion of the cost of financing the proposed plan for reconstruction of health and sanitation was limited to discussion of the financial involvement of the UNKRA, the United Nations agency responsible for providing economic and financial assistance to Korea and the authorizing body that commissioned the report in the first place. Nowhere in the report, were there discussions of the recipient of the health and medical care of the WHO / UNKRA plan nor were there any discussions on the financial responsibility to be bore by the South Korean population. The absence of the discussion itself was to imply that with limited provision of health, sanitation and medical care, part of the cost and responsibility was to be taken by the non – state actors.

These devolved characteristics of the South Korean public health and sanitation system and the state's reliance on the non – state organizations could be also be seen in its emphasis on the increased role to be taken by professional and voluntary organizations such as the Korean Women's Association. From the start, the writers targeted organized groups such as the Korean Women's Association to take on part of the responsibilities that the state, they observed, did not have the capacity to take on at the moment. The Korean Women's Association, in particular, was paid attention to, as they saw the education of women in public health and sanitation issues as critical to making the new program of public health and sanitation a success and the writers specified as much when they acknowledged that Korean Women's Association was "a lay organisation of considerable significance to the furtherance of public health." With the state unable to exercise no more than the minimum of resources and influence in the shaping of the system, non – state organizations such as the KWA was singled out as possible cooperative actors to carry on the education of public health and sanitation and the overseeing the provision of maternal care and children's welfare programs.

This deferring of the power in reality, also reflected the leprosy control program that was outlined under the heading "diseases of major social importance," after the discussions on sanitation and maternal and children's welfare. Like the KWA and the transference of state responsibility to non – state actors, the same was to be for the control of leprosy population in Korea. According to the report, "the prevailing attitude that cases of leprosy must be kept in government institutions for all times *must be changed*, for scientific and financial reasons."[249] Whereas past forms of leprosy control during both Japanese colonial period and American Occupation was marked by equating leprosy control with permanent segregation, the writers

[249] *The Report of the WHO/UNKRA Health Planning Mission in Korea,* 58. (the italics are mine)

were making it explicitly clear that such forms of control were no longer acceptable in the impoverished post – war South Korean state. Now, as segregation of leprosy patients in government institutions cost 47% of the entire Ministry of Health budget and yet only one – third of the interned patients benefitted from this exercise, the writers strongly advocated for a more 'economic' model of controlling the leprosy population. Furthermore, with the availability of powerful new drugs such as diazone and promin, the argument for permanent segregation was losing ground.

The more devolved form of leprosy control, where the state played a decreased role and with equally decreased cost, the writers believed they had found in the example of Aegyŏngwŏn in Taejŏn. At this colony, the writers were happy to point out "the entire work was carried out by patients themselves under the direction of the superintendent, who is also a patient and had been elected his post by the patients." In short, what the writers were promoting were self – governing villages or patient settlements. Self – government, as discussed in Chapter 3 and 4, had been one of the hallmark traits of American leprosy control in Philippine and had been publicized as evidence of success of American colonization. And in Korea, self – government was first 'officially' implemented at Sorok Leprosarium under the auspices of then military governor Archibald Lerch in 1947. As discussed in the last chapter, the self – government election at Sorok was held up as an example of democracy succeeding in the newly liberated South Korea under the American military government. It is not known whether the writers of the 1952 report were aware of the 'self – government' already underway in Sorok, as they professed to not to have visited the Sorok Leprosarium during their survey trip.

In their praise of Aegyongwŏn as the example of self – government and self – reliance, what these writers did not further elaborate was that this model of post – war leprosy control,

was in fact, funded by Bob Pierce, the founder of World Vision, the Christian aid group based in Monrovia, California. Pierce founded this aid group in 1950 and by the time of the WHO mission's arrival in Korea, appears to have been active in the Korean aid scene.[250] Later, Pierce and World Vision would become the major donor to the founding of the Special Skin Clinic run by Dr. Joon Lew of the Yonsei University School of Medicine and many of education campaigns were launched by this group, most importantly the founding of *Vision* (Saebit) in 1964, the first Korean language magazine devoted to the issues pertaining to leprosy. During its heyday, *Vision* was the major venue for many of Korean leprosy patients who aspired to become writers and poets, but lacked access and means to debut professionally in Korea. Writers such as Paek Ŭn, who died so tragically at such a young age, contributed serials and short – stories and the established poet Han Haun was also one of the frequent contributors to the magazine. As the first Korean language magazine on leprosy, this journal is an important window to understanding the major issues of the Korean HD community during the 1960s and 1970s. Given such invaluable assistance provided on projects such as *Saebit*, Rev. Bob Pierce and the World Vision are unsurprisingly fondly remembered by Korean workers who worked closely with them.[251]

However, what many admiring Koreans did not know at the time and still do not to this day, was that Bob Pierce was one of the most vocal anti – communist evangelicals of his day. To this aspiring missionary whose ultimate goal was the Christianization of China, communism

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[250] John Robert Hamilton, "An Historical Study of Bob Pierce and World Vision's Development of the Evangelical Social Action Film." Ph.D. Dissertation, University of Southern California, 1980. See, also, "Taejŏn Leprosy Colony, 1951" World Vision Kangwŏn chibu, http://www.lovegiving.net/home/bbs/board.php? bo_table=pds_pic&wr_id=41&page=6 (Accessed, Nov.10th, 2012)

[251] Mr. Suh Chongkwon, the former editor of *Vision* recalled Pierce as one of the noblest man he had met. He also told that having given all to aid, Pierce died almost penniless.

was a "red plague" that was sickening the souls of Asians and corrupting their mind. The cure for this dangerous disease had to come in the form of Gospel and material aid that could prevent further disasters such as 'the fall' of China from taking place.[252] Perhaps it was for such reasons that Pierce threw such vigour into his aid efforts in Korea, as this communist invasion only further proved as to the perils facing the future of Asia. In this endeavour, he was aided by figures such as Frank Carlson, a longtime Kansas political veteran who was credited with getting Eisenhower elected to office and instituting the Presidential Prayer breakfast tradition.[253] To what extent the writers of the 1952 WHO/UNKRA report were aware of Pierce's political connections and activities in U.S., it is not known, but given the strong anti – communist orientation of the America – Korea Foundation, the singling out of a Korean leprosarium funded by Pierce's World Vision would have been a satisfactory choice for the Foundation and in tune with its political orientation. After all, it was this pro – Korean lobbyist group that was responsible for footing the cost of the entire Public Health Reconstruction Plan, not UNKRA. On paper, it was the United Nations Korea Relief Agency that 'commissioned' the post – war public health planning, but according to the bill submitted by UNKRA to AKF, it was the Foundation, not the UN agency that was financially responsible for the entire project.[254] From its infancy to the simultaneous release of the report in Geneva and New York in the spring of 1953, the plan for the reconstruction of public health of South Korea was an AKF – masterminded project.

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[252] John Robert Hamilton, "An Historical Study of Bob Pierce and World Vision's Development of the Evangelical Social Action Film." Ph.D. Dissertation, University of Southern California, 1980.
[253] Ibid.
[254] UNKRA Records. RG59 UD-07D 78 National Archive, College Park.

And just how 'anti – communist' was the America – Korea Foundation? That is, how successful was this foundation, some of whose members included who's who of the society pages, in raising the visibility of the cause of Korean aid as defense against communism? As records on the activities of the Foundation are scattered across relevant archives, including Rusk Papers at University of Missouri, at the moment, it difficult to grasp the complete picture of this pro – Korea lobby group. However, based on some of the records, what appears to suggest was that this group was taking a page from 'China lobby,' which was comprised of members such as Alfred Kohlberg and Henry Luce and politicians such as Walter H. Judd and later, Joseph MacCarthy. In fact, Henry Luce was on the board of directors of the AKF and other industrial heavyweights such as Nathan Cummings of Consolidated Foods (later Sara Lee), Harry A. Bullis of General Mills, Juan Trippe of Pan – Am and Thomas J. Watson of IBM, Richard J. Reynolds of U.S. Foil, Robert E. Wood of Sears, Roebuck & Co., and Edgar M. Queeny of Monsanto were on board. Media figures such as Spyros Skouras, the head of 20th Century Fox and Arthur Hays Sulzberger of New York Times were included as well. Yet, perhaps the more interesting of the members were figures such as William G. Carr, a former Canadian naval officer and a popular conspiracy theorist who headed the Federation of Christian Laymen's Council of Toronto, an anti – communist organization that was allied with the California Federation of Christian Laymen's Council, one of the more highly publicized anti – communist organizations in U.S. at the time.[255]

To what extent the members of the directors were actively involved in the decision – making process and the aid projects carried out by the Foundation is difficult to tell. It appears most of the activities, particularly those related to health and welfare concerns were initiated by

[255] Howard Rusk, Letter. (June 3, 1955) UNKRA Records. RG59 UD-07D 78 National Archive, College Park.

Howard Rusk, the chair of the Foundation who had by then gained reputation as the Father of Comprehensive Rehabilitation (Medicine) following the successful development of the program he instituted at NYU Bellevue Hospital. Also, his proximity to the Rockefeller Foundation appears to have enabled his pitch for financing of some of the AKF projects and his 'connection' with Milton Eisenhower seems to have made AKF and its 'reconstruction' project known to President Eisenhower. Moreover, the inclusion of members such as Ellis O. Briggs, the U.S. ambassador to Korea, Yang You Chan, the ROK ambassador to U.S. and Robert T. Oliver, the adviser to Syngman Rhee on the board of directors enabled the Foundation's orchestration of the South Korean president's visit to U.S. in 1954 and his introduction to the American press and public as the freedom fighter, euphemism for anti – communist, of Asia. Yet, it appears the height of AKF activities took place between 1952 and the mid – 1950s and no further records are found of their activities in the 1960s and 70s.[256]

Indeed, the brevity of lifespan of the AKF and the political orientation of some of its members invite further scrutiny as to the intent and effectiveness of aid intervention such as the WHO/UNKRA reconstruction plan. For a report, which was intended as the blueprint of long – term improvement in reconstruction of public health and sanitation of Korea, the content was less than substantive for the cornerstone of changes in Korean medical system. In fact, the writers of the plan admitted from the very beginning of the report that much of the reconstruction and rehabilitation task plan they had been entrusted with was already being carried out by various United Nations agencies. The FAO (Food and Agriculture Organisation) and the UNESCO (United Nations Educational and Social Commission) had already carried out "missions with comparable errands," the writers of the report found out during their briefing at

[256] The letterhead of the AKF lists the members on the left side. The records relating to AKF can also be found at the Rockefeller Foundation Archive as well.

WHO in Geneva. Moreover, the more immediate rehabilitation and reconstruction efforts were being overseen by UNCURK (United Nations Unification and Rehabilitation of Korea) and UNCACK (United Nations Civil Assistance Command in Korea), with which the WHO/UNKRA mission team discovered they needed to cooperate and maintain close contact in order to obtain information and conduct their survey while in Korea. With overlapping agencies and duties, the writers of the report, it appears, were at pains to carve out a distinct report that would make their plan for preventive health and thereby prevention of communism in Korea different from all other competing plans to rehabilitate and reconstruct South Korea from the ruins of war.

Yet, when examining policies recommended for implementation such as their thirteen – point leprosy control plan, one cannot escape the impression that contrary to the promise of the most definitive and 'new' plan for the reconstruction of public health and sanitation in Korea, the writers appeared to have produced a work that was patched together from information supplied by their Korean contacts and also rehashed from available literature on leprosy. Recommendations such as "sulphone and hydnocarpus oil therapy must be carried out scientifically under medical supervision and direction" and "the examination and observation of cases and contacts and discharge on parole should be systematically carried out" sound so generic as to be found in almost all literature on leprosy dating all the way back to the discussions leading to *The International Prophylaxis on Leprosy* published in 1930 by the League of Nations Health Organization, examined in Chapter 3. Even recommendations on marriage – permission only to be given after vasectomy and the insistence on the separation of children from "infected persons at birth" makes one seriously doubt as to whether such suggestions came from their actual study of the situation in Korea or from repetition of the

available literature due to the difficulty of producing a comprehensive public health and sanitation plan on such short notice. Indeed, as the writers admit, they could not make the trip to Sorok National Leprosarium. For a report that was intended as comprehensive national reconstruction plan, their failure to observe the situation at the largest national leprosarium with over 5,000 patients interned at the time, casts questions as to whether the writers really had the intent to come up with new reconstruction plan for South Korea. By the time the writers had arrived in Korea, the southern parts of Korea had been taken over by the UN allied forces and there was comparatively little difficulty in making the trip to the national leprosarium in South Chŏlla province. In contrast to their neglect of Sorok, their vocal recommendation of the World Vision-funded Aegyŏngwŏn raises questions as to the political intent of selecting leprosy control as part of their reconstruction plan report.

This inclusion of leprosy control under the section "diseases of major social significance" in the report alerts us to the way how leprosy was viewed by not only the WHO/UNKRA mission team but also by the AKF and the various foreign aid organizations that came to fund and support leprosy control project in Korea in the aftermath of the war. As the word "social" indicates, to those who supported leprosy control in Korea, leprosy was not disease of medical importance, but of social importance. That is, although by this time, leprosy was already being known as disease of relative low infection rate, it was nevertheless understood as having potential for social unrest and disturbance, if the leprosy population were not kept in isolation away from the society. If the lepers were to be let loose on the streets, havoc and complications could arise, it was surmised. Certainly, such reasons of potential for social disturbance led the American Occupation Government to pursue the agenda of carting off patients to Sorok Leprosarium whenever found wandering on the street and it was precisely on this premise that

pursuit of patients who had escaped from the Sorok Leprosarium in the immediate aftermath of the killings that took place from August 18th to 20th of 1945, took place upon the arrival of the American military government. Moreover, the view of leprosy as 'social disease' with social implications could also be seen in the fact that in the WHO/UNKRA report, along with leprosy, two other diseases that were included under the category of "diseases of major social significance," were venereal diseases and tuberculosis. Due to its sexual implications, in particular, the contact with soldiers, venereal diseases has always been included as priority in the civil affairs handbooks issued by the U.S. military and also by the Office of the Surgeon General. And for tuberculosis, it has routinely been included in public health and sanitation guidebooks for its powerful epidemic and contagion potentials.

Indeed, this nightmare of the lepers freely roaming the streets in the absence of state control during war is what led Roger Cochrane, the renowned British leprologist and technical adviser to the American Leprosy Mission, to open his address to the Korea Civil Affairs Command (KCAC) workers with the following line: "The migration of hundreds of thousands of people and the disruption of social and economic conditions resulted in the public becoming aware of the problem which during the Japanese regime had been largely concealed and kept out of sight."[257] His visit to Korea came as result of the arrangements made by the AKF – American Leprosy Mission to survey the leprosy control activities in Korea following the publication of the 1952 WHO/UNKRA report. According to Rusk's letter to Justin Williams, the Korea Desk for State Department Foreign Operations Administrations, Cochrane was entrusted with the task of providing general consultation "concerning the care and treatment" of leprosy to various

[257] Roger G. Cochrane, "Leprosy in Korea – An address before a Conference called by the Korean Civil Assistance Command, at Seoul, April 21, 1955." Records of U.S. Foreign Assistance Agencies, 1942 – 1963 RG 469 P17 National Archive, College Park.

governmental and medical institutions and also carried out number of teaching conferences. As this visit was specifically arranged on the topic of leprosy control in Korea, unlike the vaguely worded recommendations on the WHO/UNKRA report, Cochrane's 1955 address reflected his actual observation from the ground on leprosy control or lack thereof, being administered by the various UN and non – governmental agencies. And according to this veteran leprologist, who was visiting Korea for the second time after his first visit in 1925, leprosy 'control' at the moment consisted of mismanagement of resources and poor application of currently available knowledge.

One such instance of mismanagement of resources was in the uneven distribution of drugs – promin and diazone- among treatment centers. Whereas some places were well – supplied, some centers lacked the necessary materials and in the administration of the drugs, there was lack of rigorous supervision as well. Promin and diazone were variants of sulfone drugs, which if applied wrongly, could cause lesions in the eyes and lead to blindness. Administration of the said drugs under the supervision of qualified specialists was therefore needed and yet, in many places, basic supervisions were absent. Indeed, stories of patients voluntarily taking excessively large dosages of these can be found in leprosy literature at this time. As Cochrane observed, sulfone came to be regarded as a miracle drug within leprosy communities around the world, and Korean patients sometimes overdosed in the hopes of ridding themselves of the disease as quickly as possible. In addition to the lack of necessary monitoring and regulated administration, Cochrane noted the high expense incurred by purchase and reliance on promin and diazone, the more expensive variant of parent sulphone – DDS (diamino diphenyl

sulphone), which led to limited distribution of the drugs. He encouraged purchase of DDS to cut cost as well as ensure supply of drugs to wider population.[258]

Most significantly, in his overall assessment of the leprosy control in Korea, Cochrane advocated for 'public health' approach or inclusion of leprosy as part of public health agenda for the South Korean government.[259] Attributing much of the waste, mismanagement and problem to the absence of a centralized authority, he argued for government intervention in order to oversee and coordinate various treatment and population control activities. As a step towards making leprosy part of public health system, he recommended the inclusion of treatment and care of the patients as part of the regular health units such as hospitals and dispensaries. Comparing to tuberculosis and syphilis, he pointed out that there was no need for leprosy to be excluded from provision of treatment in these places. Moreover, the adoption of leprosy as part of the 'public health' agenda, he also reasoned, could lead to a more 'macro' approach towards study and identification of the leprosy 'population' and solution to the problem. To make this possible he recommended trial experiments on treatment and control to be first carried out on a select small population and gradually adopted throughout centers in the country. Starting out as pilot projects, he envisioned incremental adoption and implementation of new measures and he singled out two places – Sunch'ŏn Presbyterian Hospital and Taegu, which historically have had well – organized support units, to carry out the programs. By late 1950s and through early 1960s, various institutions in Taegu became centers for a number of trial programs, including the WHO long – term study of leprosy demographics in Talsŏng County from 1961 to 1965.

Despite vigorous calls for the inclusion of leprosy as part of the public agenda by leprosy workers and as part of 'regular' medical programs, leprosy never really became a public health

[258] Ibid.
[259] *Ibid*, Part II.

issue in South Korea. That is, the pilot projects, which had been started with the hopes of becoming national programs, remained in the pilot stage and the South Korean government never ended up taking up the cause of leprosy control. This could be evinced in two aspects – the adoption of leprosy as personal charity cause by Yuk Yŏngsu, the First Lady and wife of Pak Chung Hee, whose involvement has been discussed in Chapter 3. The other illustration of the failure of adoption of leprosy as full state public health agenda was the role and authority assumed by the Korean Leprosy Association (Taehan na hyŏpoe).[260] 'Re – established' in 1955, with aid from the AKF, officially, the association was a private voluntary organization devoted to the cause of promoting concerns and issues on leprosy. And yet, many of the top – echelon posts of the Association would be occupied by government public health bureaucrats to ensure the cooperation of the government in carrying out leprosy programs. Also, despite its 'non – state' and private characteristics, the organization assumed many of the roles and activities of leprosy control from fundraising, selecting and educating leprosy case workers and implementing patient discharge from leprosaria and their resettlement in patient villages, that should have been assumed by the state. As the government was unwilling to assume the cost and the burden of so doing, much of the work on leprosy control was assumed by the Association with funding provided from foreign aid agencies such as the Damien – Dutton Foundation, DAHW (Deutsche Aussätzigen – Hilfs Werk), a West German leprosy relief organization, American Leprosy Mission, World Vision and various UN agencies.

One tragic consequence of the marginalization of leprosy control from the state's public health program was the proliferation of violence and sometimes killings against patients that

[260] *History of Leprosy in Korea* (Hanguk nabyŏngsa) was published by the Korean Leprosy Association. As result, reflects the viewpoint of the former leprosy workers rather than that of the patients.

were carried out during this period. With the state unwilling to exert control over the patient population and also to mediate the relations between the patient communities and local residents, physical skirmishes and brutal killings took place in various parts of the country. The most famous example of the violence against patients was the incidence at Pit'ori Island, near Sach'ŏn County in South Kyŏngsang Province in 1957.[261] About twenty – six patients died as result of disputes between the patients and the local residents over the ownership of the land marked for reclamation. The incident at Pit'ori and other places were selected for compensation by the South Korean government in 2009 and as of this year, the South Korea court has awarded financial compensation to some of the victims. However, the more serious indicator of the absence of the state and failure to integrate leprosy as part of state public health program was repression and use of physical violence, which at times even led to deaths that went on inside the patient communities for years. One such example such repressive practice was 'kangsong' or 'forced deportation' that has been exercised within the communities. As many of the patient villages existed in isolation away from society and also from the state apparatus of control, law and order within many of these villages, in the early days, were determined by fist. Those who 'lost' in the struggles for power, were either forcibly confined or in worse cases, deported to Sorok Leprosarium against their will. As early as 1951, a report by the UNCACK officer noted the disturbing instance of a group of patients, including children, waiting for deportation to Sorok National Leprosarium.[262] 'Forced deportation' to Sorok has been an open secret within the patient communities for years, but has yet to be opened up for public discussion, as the implication of illegal use of force by patients is too sensitive a topic to handle at the moment.

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[261] Kungnip Sorokto Pyŏngwŏn. *Sorokto 80 nyŏnsa, 1919 – 1996* (Kohŭng: Kungnip Sorokto Pyŏngwŏn, 1996) 190 – 191.

[262] Leprosy RG 469 Entry P 321 Box 13 National Archive, College Park.

The absence of the state, lack of transparency and delayed integration of patient communities into of South Korean society has was result of the leprosy control program adopted by the South Korean state in its post – war reconstruction of public health and sanitation.

In the end, what this failure of integration of leprosy control as part of public health agenda showed was the failure of the South Korean state to develop a comprehensive national public health system such as the one that developed in North Korea since the war. Although the development of nationalized public health and health care had been underway before the war, in the post – war reconstruction period, the North Korean state fully centralized health and medicine under the national government. Whereas public health 'system' in South Korea materialized in fits and starts and with only select programs, in North Korea, massive campaigns and reorganizations were carried out to make health and medicine an intrinsic part of the state and society. As for the underdevelopment of nationalized public health and healthcare in South Korea, 'cost' has been routinely cited as the major factor. However, given the history of involvement by foreign aid organizations such as the America – Korea Foundation, chapter concludes that type of health system, in this case a limited and devolved one in South Korea, was as much as the reflection of the philosophies of the donor organization. The anti – communist orientation of its members and hostility towards big state and nationalization of health care, as displayed by some of the members of the Foundation, did affect and shape the aid programs for South Korea. More so than the cost, perhaps it is this knee – jerk reaction against an interventionist state that still 'prevents' and continues to define the characteristics of South Korean government's approach to public health and social welfare today.

Epilogue

Towards 'Writing' a History of Leprosy in Korea

My argument addressing the very fundamental question of 'writing' a history of leprosy in Korea came out of a particular incident I witnessed on the grounds of Sorok Leprosarium. A little after I had arrived at the island, one of the nursing assistants took me on a tour of the island to teach the recently hired temporary staff at the archival room and myself, the unknown history of the island. As the tour was winding down, the three of us came by the monument that had been set up to commemorate the killings of the 82 patients that took place at the island between 17th to 21st of August 1945. The news of Japanese surrender reached the island two days after the initial news broke out on the 15th of August, 1945. The Japanese director transferred the authority of the hospital to the Korean doctor and the outnumbered doctor enlisted the help of the patients by spreading a rumour of Korean staff absconding with the supplies in the island supply room. The patients, who were already in a highly anxious state due to unfolding instabilities, began to confront the Korean staff and ended up being caught in the dispute between Dr. Sŏk and the Korean hospital staff. The staff, due to their overwhelmingly superior numbers and power, won the fight and the patients who attempted to stop the staff were brutally killed by them. Some were shot and buried in the tar pit on the beach and some were shot and thrown from the boat in the nearby water. To this date, the accurate number of the patients who were killed in the conflict has yet to be determined. However, the accepted number stands at 82.

On that afternoon, as I stood there listening to the story being told Elder Kim passed us by.[263] He had arrived at the island recently, but previously, he had been interned at the island when killing took place. At the time, he was seventeen years old. The nursing assistant asked Elder Kim to tell us the story in his own words. The years had passed and yet he recalled as if it happened yesterday. When he recalled the events for us, he did so with visible shudder, the murderous rampage that swept the island and his eyewitness to the burning of live bodies of patients in the sand pits of the island. He also vividly remembered the crackling pop noises that were being made with the burning of live bodies and the screams of patients who attempted to get out of the pits. He remembered the number of pits that were dug in the sand dunes near the front of the hospital and he also recalled how he was hiding behind a tree, shivering and trembling unable to speak. He recalled how he had been scared by the hospital staff who were calling his name to try to lure him out of his hiding spot to kill him as well.

When he finished recollecting his story, suddenly in a loud voice, he pointed to the plaque that had been set up in front of the monument for the 82 victims and told us that the plaque contained wrong information. According to the plaque, which was set up to explain the massacre of the patients to visitors, the killing came as result of the patients who rose up in an attempt to overthrow the tyranny of the hospital staff. The final sentence of the plaque ended with the explanation that the massacre should be remembered as democratization efforts of the patients who were trying to restore their human rights and dignity. The monument had been erected in the wake of exhumation of the bones of the buried patients and also, the 2003 lawsuit that was launched by 150 patients of Sorok and 30 patients who were interned at Lo Sheng

[263] The name had been changed to protect his identity.

leprosarium in Taiwan during the colonial period. The emphasis on democracy and human rights on the plaque could be seen as one of the consequences of the lawsuit.

Elder Kim denounced the distorted information on the plaque. According to him, the violence and terror mitigated? Is this the right term? Perhaps initiated? by the hospital staff were such that the majority of the patient population was cowering underneath the blankets in their quarters. No one dared to come out in daylight for the fear of being killed by the hospital staff. In other words, there was no outright resistance to the hospital staff, as has been stated on the plaque. Indeed, his voice rose high as he rhetorically asked us how could anyone in their right mind, could give any thoughts toward 'democracy' when there were terrors and killings all around them. He reiterated that the plaque was wrong and that the contents should be revised. With a huff, he then abruptly left us.

After making sure that he was safely out of the earshot, the nursing assistant then turned to her us and in a low voice, told us that the plaque was indeed right. The patients were in fact engaged in righteous democracy struggles and it was for this reason that they were killed, she told us. With an apologetic smile and in low voice she then whispered to us that indeed, the plaque was right. That was the day when I abandoned any pretense of oral interviews and began to address the very basic question of 'writing' a history of leprosy in Korea. Can a history of leprosy be written and if so 'how' can a history of disease be written or should be written? In my dissertation, in the five chapters that had been presented, I explored the question of the very act of writing history of leprosy in Korea today. My realization that the current literature on problem does not provide an adequate historical framework for writing a history of leprosy in Korea today has made me search for different explanatory mode. However, as I realized much of the literature had been written on the impulse of asking 'what is the history of leprosy' rather

than ‘ how to write a history of leprosy,’ I decided to fashion my dissertation as arena for exploring the very fundamental question of writing a history of a popular and ‘universal’ disease such as leprosy.

In Chapter 1, I examined the very ‘idea’ of leprosy and the assumptions we have had of the existence of history of leprosy in Korea since time immemorial. By applying the question of ‘how’ in the writing of history of disease, I was able to re – read and reassess the historical claims of existence of leprosy in Korea and in so doing, I also explored ‘how’ then, that is through what means, did ‘leprosy’ become then ‘understood’ as being universal and global disease. My argument in that chapter was the very translation of leprosy as ‘southern disease.’ The geo – spatial imagination of the term, I believe enabled the commensuration between *mundungi* to leper and ‘ra’ (癩) to leprosy.

In Chapter 2, by examining how the ‘origins’ of leprosy works in Korea were narrativized, I was able read the politics of compassion, humanitarianism and moral authority involved in leprosy works in Korea today. By locating the current problems surrounding leprosy and human rights politics to their ‘origins’ in Christian mission work, I gained a chance to understand how the popularly told leper tales such as the hagiography of the three saints have the ability to ‘translate’ complex political ideologies such as anti – communism into easily understandable Christian vernacular language. In Chapter 3, I carried out an experiment to see whether a history of leprosy that is neither exclusively national nor colonial can be written. Through figures such as Kiyoshi Shiga and Victor Heiser and through international health agencies such as the Rockefeller Foundation and the League of Nations, I explored the possibility of ‘global’ history of leprosy in Korea.

In Chapter 4, I addressed the problems of ghettoized history of leprosy, that is, a history that had been written without considering the larger historical context. This practice has been a very common problem in the writing of history of leprosy. By situating leprosy literature and self – government which have been understood as result of liberation of Korea from Japanese colonization and the arrival of American military government, the argument in this chapter is that schematization and periodization in the writing of history of leprosy needs to be addressed. And lastly, in chapter 5, I examine how the anti – communist rationales of preventive aid had been applied to post – war South Korea. By examining the aid activities of organizations such as the America – Korea Foundation, I offer a possible explanation for the emergence of the limited post – war leprosy control and public health system that emerged in South Korea that as we know today.

By putting the history of leprosy in Korea through the lens of 'how,' the aim of this dissertation had been to first unsettle the certitude behind the impulse to ask 'what is the history of leprosy' in Korea. And through raising questions on the problems of assuming such certitude about history, the ultimate aim of this dissertation was to raise awareness on the very lack of discussion on the 'act' of writing of history of leprosy. All agree as to the need for more works on the history of leprosy. It is for this reason that there have been such vibrant productions in the writing of global history of leprosy for over a century. However, regarding the question as to "how" we can write such global history of leprosy, little has been addressed or explored. I hope this dissertation can fill the lacunae by offering this exploration and experimentation on the very idea of 'writing' a history of leprosy in Korea.

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